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***How Becoming a Mother involves a  
Confrontation with Existence: An  
Existential-Phenomenological  
exploration of the experience of early  
motherhood***

**Submitted to the New School of Psychotherapy and Counselling  
and Middlesex University Psychology Department  
in partial fulfilment of the requirements for the  
Degree of DCPsych in Counselling Psychology and Psychotherapy**

**Claire Arnold-Baker**

**September 2014, London, United Kingdom**

Word Count: 65,682

## Acknowledgements

First and foremost I would like to thank all the mothers who gave up their time freely, to talk openly about their experiences of motherhood with me. I would also like to thank my supervisors Naomi Stadlen and Rosemary Lodge for all their support, encouragement and comments on my work, which have been invaluable. Finally I would like to thank my family who have encouraged me through the whole process and who didn't let me give up!

## Abstract

Although there is a vast literature on motherhood, very little has been written from an existential perspective. The purpose of this study therefore was to explore the existential dimensions of the transition to motherhood. A phenomenological hermeneutic methodology was selected and Van Manen's Lived Experience method was utilised. A sample of 8 first-time mothers, who had babies of between 6-12 months of age, were interviewed on their experience of becoming a mother. The analysis involved detecting themes by clustering together selected sections of the transcripts which referred to similar experiences or phenomenon. The following eight themes emerged from the analysis: 1. being with others, 2. developing a relationship with the baby, 3. living in time, 4. the unknown, 5. life is different, 6. challenging expectations, 7. motherhood identity and 8. difficult times. An existential analysis of these themes was then undertaken. The analysis showed that becoming a mother was a complex transition where mothers experienced challenges in all four dimensions of existence namely the physical, social, personal and spiritual dimensions. These changes affected their social relationships and the way they related to their babies and to others. The mothers also experienced changes in the way they related to their physical being and their

temporality. There was also a change to the mothers' sense of themselves. Becoming a mother also meant that the mothers' values, beliefs and expectations were challenged. The findings also showed that motherhood was an ontological experience, where mothers became aware of aspects of their existence, such as their freedom, choice and responsibility and also their mortality.

## **Key Words**

Motherhood   Transition   Existential Psychotherapy   Lived Experience

## **Statement of Authorship**

This thesis is written by Claire Arnold-Baker and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling Psychology and Psychotherapy. The author is wholly responsible for the content and writing of the thesis and there are no conflicts of interest.

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## 1. Introduction

Life changes completely and forever once a woman becomes a mother and it is this milestone of a woman's life that I found so interesting to investigate. New mothers usually have new skills to learn, new relationships to form and old relationships that need reframing. The new mother is also faced with new responsibilities and her life, certainly in those early months, may be completely different to anything that she has experienced before. Inevitably this new life with a baby will have an impact on the mother. It may cause her to re-evaluate herself and her life and the way she lives it as a result of becoming a mother. Or she may be enjoying a much longer for experience, embracing the newness and feeling complete. Whatever the mother's perspective or experience, or how prepared or otherwise the mother might feel, until she is holding her new baby she will not really know what it is like to be a mother, or how her experience will play out in the days, months or years ahead. It is this aspect of motherhood that is of particular interest: how women experience becoming mothers, how they make sense of the transition and how they deal with such a life-changing event.

As an existential psychotherapist and counselling psychologist I draw from a wealth of theoretical perspectives which I integrate into my working practice. However the existential-phenomenological approach is the main theoretical model that I draw from and it provides me with a philosophical stance towards my view of myself, the world and other people. Through an existential approach psychotherapists seek to understand and elucidate human existence in all its richness and they focus on individuals' experience of living. Although existential psychotherapists do not propose a particular model, in the same way that there is no blueprint for living, they do make several assumptions, which are:

- We are always part of a world, we are always in connection with the world and other people; Heidegger (1962) uses the term Being-in-the-World to demonstrate the interconnectedness of *Dasein* (which literally means being-there) and the world.
- Heidegger also talks of *Dasein* being thrown into a world over which we have no control, a world that exists before we did.
- This world contains certain givens which we have no control over, i.e. our genetics, family and culture.
- How we relate to others and the type of relationships we have will tell us something about ourselves.
- Death is an inevitable part of life.
- The only other certainty is what we have here and now.
- We can choose our response to the givens of life. However with choice comes anxiety as we realise we are free to choose the way we live our life and that we are responsible for those choices and their outcomes.

The existential approach and the assumptions on which it is based also inform my understanding of my clients' world and their ways of living. In terms of my clinical interests I am particularly drawn to issues around 'self', major life events and life crises. I am interested in how individuals are able to overcome difficult life situations and their ability to adapt to them.

My research interest has grown out of both my clinical interests and my personal interests. As already mentioned I am particularly interested in the area of self and life transition. This has developed through working with clients undergoing such transitions. I have discovered that difficult times in people's lives can actually be an opportunity for them to grow and

develop in ways that didn't seem possible before. My particular interest in motherhood is a personal one, having embarked on this journey myself; I have been immersed in the world of mothering for nearly nine years.

Although much has already been written about becoming a mother and motherhood there still seems more to be understood and learnt about this area. With so many different mothers, living in differing cultural and social situations there is a wealth of experience to understand and investigate. Also over time cultures and societies change so that each new generation of mothers will face a different world which will bring with it new issues for researchers to investigate.

The US census in 2008 (National Organisation for Women, online) stated that 81% of all 40-44 year old women in the US were mothers, which shows a large proportion of women do become mothers. Talking to mothers and reading the available literature has shown there is a real need for mothers to talk about and understand their own experience. Their experience may sometimes be at odds with societal views of what a mother 'should' be like; becoming a mother, like any life transition may also cause a disruption to a sedimented way of life, and also to a sedimented view of self. Existential philosophy gives us an understanding of how we develop a sense of ourselves and that rather than identity being a fixed and imposed structure it is more fluid and relational and determined by our actions and relationships in life. Motherhood, like other life transitions may cause us to confront who we are. How a mother emerges from that experience may be different from what she expected.

There has been little written about motherhood from an existential perspective. Although most of the research conducted on motherhood has centred on a mother's actual experience,

the analysis has viewed the experience from different theoretical perspectives. I believe that what is missing from the current literature is an existential exploration of the transition to motherhood, an attempt to understand how women experience this transition and how it impacts on the mother. There is also a need to investigate how mothers make sense of their new lives and the impact it has on how they make sense of themselves.

The scientist practitioner model of counselling psychology offers a way of studying this topic that is both scientific but also relevant to the field of counselling, i.e. rather than seeking an objective truth that would be necessary in a natural science perspective, a human science perspective can allow for an examination of interpersonal and intersubjective relations as well as phenomenological understandings of particular experiences. A phenomenological research method seems the most appropriate to use to investigate a particular experience and Van Manen's Lived Experience method allows for an existential perspective.

In this doctoral thesis I will review the relevant literature on motherhood and this will form the background for my own research rationale. There will then follow a section on methodology and my reasons for using Van Manen's Lived Experience method, whilst reviewing other research methods that could have been used and my reasoning behind my choice. I will describe the method and how the data was collected and analysed. Ethical issues arising from the research will be elucidated and discussed and potential risks to the participant and researcher will be highlighted and I will further describe the safeguards that were put into place. The results section will then follow where I will present my findings and discuss the themes that have emerged from the interview, transcription and analysis process.

The findings and emergent themes will be discussed in light of the reviewed literature and the research previously conducted in the area. Critical considerations and the limitations of the research will also be covered as well as a section on the implications of this research for Counselling Psychologists and Psychotherapists. The doctoral thesis will end with some concluding remarks as well as highlighting possible areas for future research.

## 2. Literature Review

Historically motherhood has been seen as a natural and expected step in a woman's life. The topic has been written about from many different perspectives. Anthropologists have written about how motherhood varies in different cultures (Kruckman, 1992). Feminist perspectives concentrate on the woman's role as a mother and her relationship to, and her place in, society (Oakley, 1987). Medical perspectives have focussed on what goes wrong for mothers physically, for example during pregnancy or the birth as well as any physical symptoms post-natally, including breastfeeding issues. Psychologists have highlighted the psychological and emotional impact of motherhood and give insights into its intrapsychic implications (Stern, 1995). Psychiatry deals with more extreme cases where new mothers feel distress or feel they are unable to cope and who are classified as suffering from Post-Natal Depression (PND) (American Psychiatric Association, 1997). There is also a growing field of self-help books (Ford, 2002; Hogg, 2001) on how to raise a baby and then there are personal accounts or diaries of mothers (Oliver, 2005), who wish to share their experiences in the hope that it will help other mothers in similar situations. Despite there being a vast literature on most aspects of motherhood, very little has been written about motherhood from an existential perspective; particularly on how the mother negotiates the transition she must make in the process of becoming a mother.

Anthropological studies have shown that in many different cultures major life transitions are ritualised. An integration phase usually follows major life transitions and rituals help the individual incorporate and become absorbed into their new social state. (Van Gennep, 2004). Van Gennep noted that these cultural rites of passage often make it seem that society has a role to play in the transformation of the individual. Kruckman (1992) has highlighted that anthropological cross-cultural studies have shown that the physiological experiences of



childbirth are “almost universally treated as a traumatic life crisis event” (1992 p.139). Many cultures mark this period in a ritualized or structured way, which indicates a transition in social roles and gives the new mother time to recuperate and for her needs and tasks to be taken care of. Yet in Western Society there is little social support for new mothers and “no formal social structuring of the puerperium<sup>1</sup> once the mother has returned home” (1992 p.138). Kruckman believes that this lack of formal structure accounts for the occurrence of postpartum depression (PND).

Other studies by evolutionary anthropologists have highlighted that the social aspect of childbirth sets us apart from other mammals. The fact that others provide intense emotional and physical support to birthing mothers is an aspect that makes us human (Rosenberg, 2012). Anthropological studies have demonstrated the social and cultural importance of the transition to motherhood, particularly directly after childbirth which is often seen as a stressful, fatiguing and emotional time for the new mother. They also show that our approach to childbirth can give an insight into aspects that make us human.

## 2.1. Previous Existential Literature

Birth, and the resulting life transition that occurs for mothers, provides an opportunity to gain an understanding of human existence. Existential philosophy can offer a different perspective on the transition that women undergo to become mothers, by looking at it in terms of existence rather than from a medical or psychological perspective.

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<sup>1</sup> **Puerperium:** The time immediately after the delivery of a baby. (In Latin a "puerpera" is a woman in childbirth since "puer" means child and "parere" means to give birth.) (MedicineNet.com, 2003).

Previous existential literature on motherhood has focussed on feminist perspectives on the position mothers take up in society. Simone de Beauvoir (1997) in her book *The Second Sex*, examines pregnancy and motherhood from an existential and feminist perspective. She elucidates what she calls the 'great cycle of the species' and that the birth of a child means that the mother is moving along the life cycle as a new generation comes into being. The mother becomes more aware at this time of her own death which appears to be drawing closer as each new generation is born. De Beauvoir also examines the work mothers undertake when caring for an infant and how this impacts on her role and identity: "shut up in the home, woman cannot herself establish her existence; she lacks the means requisite for self-affirmation as an individual; and in consequence her individuality is not given recognition" (1997 p.541). De Beauvoir highlights how mothers become subsumed by their role and with no external point of reference they struggle to keep a sense of themselves as individuals. De Beauvoir is seemingly making two points here: the first concerns how mothers are treated in society but also how this in turn affects how they see themselves. It is a self-perpetuating circle whereby being based in the home the mother is unable to raise herself above the role of mother to affirm herself as an individual which in turn leads to society seeing only the 'mother' rather than the individual. De Beauvoir is trying to highlight that mothers are more than just that role, they are individuals too but they have not found a voice to express this and so society's views are not changed.

This point is echoed by Kristeva (1987) who argues against feminism and what she sees as the two main discourses of maternity, that of science and Christianity and both, she believes are inadequate to explain maternity. Kristeva posits that 'Christianity is doubtless the most refined symbolic construct in which femininity is focused on *Maternity*' (1987 p.234). She argues that Christ was made 'human' only through his mother and yet the Virgin mother is

seen as silent but also empty and that through her the paternal word is conveyed. Kristeva goes on to state that this leads to the abjection of maternity which is imposed on our social representations and actually causes a 'denigration of women'. For Kristeva both discourses reduce the mother to silence, for the scientific discourse suggests that motherhood is a natural, presocial, biological process but it makes no attempt to place the mother in this process. Kristeva believes that the maternal body overcomes these discourses as it offers a position between nature and culture and between biology and sociology.

Both De Beauvoir and Kristeva are arguing that women are being reduced to their role of 'mother' and that in differing ways they are being reduced to silence. This silence is either through their own lack of expression or by being suppressed by the dominant discourses in society. Further feminist views will be reviewed in section 2.2.1.1 but it seems that even at the present time mothers have not found a way of expressing their own position on motherhood and creating a new discourse. Miller (2005) believes that it is because of mothers' feelings of vulnerability that ideologies go unchallenged.

Kristeva also highlights the importance of the relationship between the mother and child and that as the mother and child separate an idealization of that relationship is carried forward into adulthood but that this becomes a fantasy, a 'lost territory' (1987 p.234). Therefore 'pregnancy not only identifies a woman with her own mother, but also requires a new notion of identity' (In Oliver, 2002 p.297) for the mother. Kristeva sees being a mother as a 'continuous separation', that what was once part of her is now a separate entity and this challenges the mother's identity. However 'the arrival of the child, on the other hand guides the mother through a labyrinth of a rare experience, the love for another person, as opposed to love for herself' (2002 p.366). For Kristeva then the dramatic ordeal of pregnancy and birth

is overcome by the 'rather slow, difficult, and delightful process of becoming attentive, tender, and self-effacing' (2002 p.366). She sees motherhood with its many joys and sorrows as vital to the richness of the female experience and that it becomes a 'true *Creative act*' (2002 p.366). But Kristeva warns against the mother making her child the entire meaning of her life. Kristeva differs from Winnicott in that she believes that in order to be a good-enough mother, there must be something else for the mother to love besides her child: 'she has to have another meaning in life' (2002 p.366) that having her child as the only meaning in her life is 'too heavy'. This resonates with De Beauvoir's position that a mother needs something external to the child in order to become an individual.

Kristeva recognizes and elucidates the importance of motherhood and what she calls 'mother's genius', that 'in creating new human beings, mothers are each singular innovators, reinventing the child anew every time' (2002 p.301). She stresses that it is through mothers that the world is enriched with unique individuals because of the uniqueness of each mother-child relationship.

More recently Butterfield (2010) questioned how we can make sense of the maternal experience of mothers who are so intensely bound to another and yet at the same time free. She draws on Sartre's (1943) notion that we are fundamentally free and can choose how to live our lives and that we also give value and meaning to the things that we experience. From this standpoint Butterfield argues that 'ideal mother' is purely a social construction and that 'because of our fundamental freedom, we are always more than and other than the identities we possess and the roles we play' (2010 p.68). For Butterfield then motherhood is ambiguous: we are both individual and social, and free and determined, and it is up to the individual mother to choose what being a mother means to her and how she will live that

identity. She believes that the concept of mother as being selfless and devoted should be rejected and replaced with a more realistic notion that mothers are a work in progress and that 'mothering is one of *many* factors in her own narrative of development' (2010 p.74). This notion of Butterfield's offer a new way in which a discourse on motherhood can be framed and articulated.

De Beauvoir, Kristeva and Butterfield were writing from theoretical and philosophical viewpoints and their perspectives were written in response to how they saw motherhood portrayed in society and the roles women take. In terms of research there have been a couple of studies which have taken an existential perspective to an aspect of motherhood. Elvin-Nowak (1999) conducted a study on the meaning of guilt and set out to obtain a phenomenological description of working mothers' experiences of guilt. She concluded that mothers' experience of guilt came about in situations where they felt they had failed in terms of responsibility towards their children. This was particularly the case in situations where mothers felt a lack of control, especially if they were facing demands from different aspects of their lives. Elvin-Nowak discovered that the phenomenon of guilt for working mothers also contained elements of shame, aggression and vagueness of communication. This finding highlights the conflicted feelings that working mothers face in what they perceive as putting their needs before the needs of their babies.

A more recent study looked at how meaning is created in the transition to motherhood. Prinds et al (2013) conducted a scoping review of studies conducted between 1990 - 2010. They selected eleven papers which were then analysed thematically using Emmy van Deurzen's four dimensions of experience. Prinds et al argued that 'becoming a mother is a significant life event. It is a transition in life, where existential considerations regarding the

meaning of life are reinvigorated' (2013 p.2). Each dimension is considered in turn. From the perspective of the Umwelt, the physical experience of birth, they conclude, creates new perceptions of being in the world (Binswanger, 1963). The Mitwelt, whilst calling into question the mother's sense of belonging also means that she is confronted with the 'fear of loss of the child, and therefore a confrontation with aloneness and failure' (2013 p.17). The Eigenwelt on the other hand 'confronts us with life events that put our inner self at stake' (2013 p.18). The Uberwelt demonstrated how several mothers found it hard to articulate their experience due to the existing language used by health care officials. The Uberwelt Prinds et al conclude is where mothers change existing core values and create meaning in life. They conclude that 'motherhood is an existentially changing event, reorganising values and what makes life worth living and raises questions about mortality and meaning of life' (2013 p.21). This is the first piece of research which has sought to gain an existential understanding of the transition to motherhood. Prinds et al analysed research that had been previously conducted by others for this review and therefore it is limited to the findings of others. A useful addition to the current literature on motherhood would be a piece of research specifically designed to investigate the existential dimensions of motherhood.

Further existential research has been conducted by Lawler and Sinclair (2003) who undertook a phenomenological study into women's experiences of postnatal depression (PND). They analysed the data by categorising themes using Van Manen's four existential life worlds – lived space, lived time, lived body and lived relations. They concluded that motherhood was a major life-changing event and that those women suffering from PND were actually experiencing extreme grief over the loss of their former selves.

Although not much has been written about the experience of becoming a mother from an existential perspective these studies do highlight the complex and multifaceted nature of motherhood and that an existential exploration can offer a different perspective out of which a new understanding can be gained on the topic.

I believe these studies can be developed further and that an exploration of existential themes and their implications for a woman's sense of herself will attempt to capture the phenomenon of this transition for all new mothers not just those suffering from PND. The aim of the current research will be to examine new mothers' experience of the transition, how they are able to grapple with both the external practicalities of having a baby and the internal ramifications of becoming a new mother.

## **2.2. Previous Literature on Motherhood**

The previous research and literature on the transition and early stages of motherhood have highlighted a number of main themes or issues which are present for new mothers. These themes seem to fall under three broad categories: Identity, Social Support and the Emotional Experience of new mothers.

### **2.2.1. Identity**

#### ***2.2.1.1. A Feminist Perspective***

Feminist writers on motherhood have explored the social role of mothers as well as how society views and values motherhood. One of the main areas for exploration is the myth of motherhood (Oakley, 1987 and Badinter, 1981). Oakley contends that in Western societies the myth is threefold: children need mothers, mothers need children and all women need to be

mothers (1987 p.186). She argues that this myth has been generated through and perpetuated by socialization and has little to do with any biological basis. She goes on to say that in fact the biological side of motherhood, i.e. pregnancy, birth and breastfeeding has been actively suppressed and that the reality of childrearing bears little resemblance to the idealised vision of what motherhood entails. Western women are wholly unprepared for the actuality of motherhood, which is seen by society as 'an area in which the greatest life satisfactions can be found' (1987 p.197) and understandably this can lead to feelings of ambivalence. Oakley argues that even the 'maternal instinct' is a myth, stating that there is 'no biologically based drive which propels women into childbearing or forces them to become childrearsers once the children are there' (1987 p.199). She claims that wanting and caring for a child is a social activity, "The desire for motherhood is culturally induced, and the ability to mother is learnt" (1987 p.201). Badinter puts forward similar views to Oakley. Having examined the history of motherhood over the past 300 years she believes that it was the writings of Jean-Jacques Rousseau and Freud who "drove women back to their maternal role" (Badinter, 1981). Badinter questions the need for mothers to be available all the time for their children and believes that if part-time mothering was supported by society there would be an increase in the fertility rate (Badinter, 2010). Badinter's contention is that women are choosing not to become mothers because there is a lack of support for those women who want to continue to work after becoming mothers. Whether or not it is desirable to have an increased fertility rate what seems important is how women can be supported as both a mother and as an individual.

Rossiter's research in her book *From PRIVATE to PUBLIC*, concluded that feminism and mothering rather than being in opposition to each other were actually a 'connected site of struggle for women' (1988 p.269). Rossiter stated that mother-infant attachment research particularly undertaken by Chodorow (1978) showed a preferential attachment for babies to



their mothers which has become seen as 'natural' or necessary for mothering. This has the effect of holding women in the private rather than public sphere of society which can have an isolating effect. Rossiter argues that attention needs to be refocused away from '*women's reproduction of mothering*' and toward the practice of *mothering as it creates the gender category Woman*' (1988 p.272). Rossiter believes that this shift in focus enables the complex daily experience of being human to be described in concepts of 'Man or Woman', which can then enable a re-thinking in society of how mothering concepts are socially constructed and enabling women to have more of a public role without there being any negative connotations attached to it. O'Reilly (2010) similarly suggests that the word mother needs to be repositioned from a noun to a verb so that 'the work of mothering is rendered separate from the identity of mother' (2010 p.27) and can be undertaken by either sex.

Oakley's book *Housewife* was first published in 1974. 40 years on feminist writers are still writing about the myths of motherhood. Whereas Oakley, Badinter and Rossiter talked about how the myth was perpetrated by men to keep women in a domestic and subservient role, today's writers are focusing on how women are perpetuating the myth. Figs (1998), Maushart (1999), Wolf (2001) and Douglas and Michaels (2004) discuss the mask of silence that surrounds new mothers. They found that new mothers are not talking to each other about the difficulties they are experiencing, not only during pregnancy and birth but also in the whole process of bringing up a child. They are perpetuating the myth that motherhood is a natural, simple and wonderful experience. Maushart (1999) states that feminism has in some ways colluded in this; by giving women greater opportunities in the workplace it has demeaned the role of mothering further. So that there is now this expectation of the "have it all mother", to have the career *and* a family and to be successful at everything. Maushart believes that the emphasis on women being both successful professionals and successful

mothers means that any difficulties experienced as a mother will be experienced as failure. Therefore rather than admitting their difficulties and sharing experiences with their peers, women hide behind the “mask of silence” (1999 p.2). Maushart states that although women are given lots of preparation for the birth of their child in a physical or technical way they are not given any assistance in facing the identity crisis pregnancy and motherhood represents. Moreover mothers are also not given any advice or preparation on how to nurture their child emotionally. From the birth onwards women are pretty much abandoned and left to work out mothering for themselves. To add to this mothers are confronted with a plethora of research that demonstrates how poor mothering can psychologically and emotionally affect a child (Caplan, 2000).

The tension that feminist writers are grappling with is how women who have had a baby can be seen as more than just their maternal status. How they can also be seen as something other than their motherhood role. Whilst the different writers propose alternative solutions to this tension, the tension remains. Badinter suggests a move away from the ideal concept of the ‘good mother’ to a ‘tolerant and blame-free’ attitude towards mothering (2010 p.167); although replacing the ‘good mother’ concept with ‘nonchalant or indifferent mothers’ (2010 p.165) as Badinter suggests may not be the solution either. One way in which the concept of ‘mother’ can be challenged is for women to start to express their true experiences of motherhood and how they live that experience in their daily lives. Not in a way that suggests there is a right and a wrong way to mother, but rather in a way that allows young women an opportunity to see the multitude of different experiences and the reality of motherhood. Giving women a more realistic representation of what being a mother is like will help them manage their expectations and give them more choice in the way they choose to live their lives.

### *2.2.1.2. Motherhood Identity*

Price (1988) looks at motherhood in the context of society's view of a 'good mother' and questions the way in which society hands over total responsibility of parenting to the mother which then burdens them with unrealistic expectations. The expectation that mothers will be constantly available and put their babies first often results in mothers feeling that they are failing. Price believes 'it is not the failure, but the guilt and ensuing depression that harms mother and baby' (1988 p.129). Price advocates Winnicott's (1964) concept of the 'good enough' mother, which she describes as 'mothering that responds to enough of the baby's needs to allow that child a secure psychological base from which to develop its personality' (1988 p.128).

Price believes that some mothers experience motherhood as a loss of identity, as she explains:

'however, an increasing number of women have begun to make adult lives for themselves, independent and enjoying it, prior to their first child and for this group motherhood represents a great loss, both of external parameters such as income and adult company, but also of inner space, time to do what you want, and ways of valuing self' (1988 p.131).

Kleiman (2011) describes how loss is an evitable consequence of adapting to any extraordinary demand. Urwin (2007) describes this as 'existential loneliness', which takes place in the first few months, when the mother has lost her bearings in her own life and she grapples with the disruption to her previous life. It is a time when the mother feels confusion over her identity. Urwin believes that mothers gain a sense of identity as mothers through the development of their babies' attachment behaviour.

Stern and his wife, Nadia Bruschweiler-Stern's (1988) research found that a 'mother has to be born psychologically as much as her baby is born physically. What a woman gives birth to in her mind is not a new human being, but a new identity: the sense of being a mother'

(1988 p.3). They believed that mothers need to undergo a psychological transition from daughter to mother. This transition starts during pregnancy; her changing body allows the woman to relinquish her previous sense of self so that her motherhood identity can develop. This identity comes through imagining what her baby and her life as a mother will be like and then after the birth the mother projects herself into the future and assigns roles for herself, her husband and her baby. Difficulties often arise after the birth when there is a difference between the imagined and the real baby or when the mother feels she cannot live up to her own expectations of motherhood. There are also feelings of loss, the loss of the mother's previous identity before she has fully gained a new sense of self and also the loss of her position in the family. The mother is no longer just a daughter but has become a mother in a new family.

Stern's later work focuses on what he calls the 'Motherhood Constellation' (1995), a unique construct to Western Culture which is temporary but needs to be understood if we are to understand the main subjective themes that mothers experience. Cultural issues that impact on the motherhood constellation include the high value placed on the maternal role and the survival and well-being of babies; that the ultimate responsibility for the baby is placed on the mother and that the mother will love her baby. The father and others will support the mother during the initial period but no adequate training or support is given to the mother in order for her to fulfil her maternal role easily or well.

The final theme of Stern's motherhood constellation is identity reorganisation which

'concerns the mother's need to transform and reorganize her self-identity' (1995 p.180).

Stern builds on his earlier work that a mother needs to shift her self-identity, from daughter to mother, from wife to parent, from careerist to matron, from one generation to the proceeding

one. Stern believes that unless a mother can make these transformations her ability to undertake the tasks required in the other three themes will be compromised. Stern notes that there is an obvious necessity for mothers to make these changes in their self-identity if they are going to be able to give time, energy and emotional investment to their babies. Stadlen (2005) also observed how the mother has to make space in her life for the baby which requires an inner shift which changes the mother profoundly. She notes that that motherhood not only changed one's life but one's actual self.

Central to this shift is the mother's need for maternal role models, her own mother as well as other maternal figures. Stern observed how becoming a new mother evokes earlier memories of the mother's infancy and the mothering she received. Although these memories seem to act at a pre-conscious level they will impact on the way in which the mother interacts with her own baby and also how she reorganises her identity from daughter to mother.

Stern is quick to point out that although the motherhood constellation creates a new psychic organisation during early motherhood which replaces any previous ones it cannot be considered a life stage as it is too narrow and culturally specific to the West. He believes that its usefulness is more as a theoretical model or a reference point for clinicians.

How mothers make sense of their new motherhood identity was the focus of Miller's (2005) research in which she explored the narratives mothers construct in order to make sense of the early stages of motherhood. Miller found that for most mothers the experience of beginning to feel like a mother was a gradual process which came out of the practical aspects of mothering. She distinguishes between doing 'mothering work' and feeling like a mother (2005 p.104). In fact she goes on to state that 'The act of giving birth did not necessarily, or

often, lead the women to identify themselves as 'natural' mothers or childcare experts (2005 p.110). Miller sees the birth and early motherhood as representing an ontological shift and narrative turning point for mothers (2005 p.110). Miller argues that selves are complex and changing and that it is only through practical mothering that mothers develop and incorporate a social self as mother. Miller also makes the point that Western views of mothers and motherhood makes it difficult for women to talk about their difficulties or to only talk about them after they have overcome them. In this way myths are perpetuated and new mothers are not prepared for the experiences they might encounter.

There has been some research which has particularly focused on the transition to motherhood and the mothers' sense of self. Rogan et al (1997) conducted a study into the core categories which encompass becoming a mother, which were cited as being: realising, readiness, drained, aloneness, loss and working it out. McVeigh (1997) explored early motherhood experiences and found through content analysis the following themes: the 'conspiracy of silence' that surrounds motherhood and feelings that the mothers were unprepared for the demands of caring for a child, including loss of personal time and the amount of tiredness they would feel. Deutsch et al (1988) looked at the link between information seeking and maternal self-definition. Using the premise of 'self-socialization': that individuals actively construct their identities to life transitions, they found that women actively sought out information and then used this information to construct their identity as a mother until it could be replaced by direct experience. Weaver and Ussher (1997) used a discourse analysis technique to explore changes that took place as a result of motherhood. They found that societal myths around the expectations of motherhood along with the exacting demands of child care often resulted in a loss of identity and disillusionment on the part of the mother. Smith's (1999) study on the development of a mother's identity during the transition to

motherhood found that during pregnancy a woman's attention turned from the public world of work to a more local world of family and friends. He believed that this change in attention prepared the woman for her new role as a mother.

Stadlen (2005) further elucidated this by describing the way in which mothers 'seem to make a momentous inner shift' (2005 p.185-186) in order to make room for her baby. The shift is a complicated process and requires that the mother is no longer 'thinking of herself as a self-contained 'I'. She is forming a relationship with her baby that calls into question many aspects of herself' (2005 p.188). Stadlen believes that part of this shift comes about through the mother learning to be patient. Relating to a baby requires a slower pace of life and 'patience is part of the great process of slowing down' (2005 p.190). Slowing down enables the mother to become more aware not only of her baby but to everything around her; she is able to notice details and vital clues about her baby and her surroundings (2005 p.190). This is not all that the mother opens up to; she also becomes more aware of the reality of life and her own mortality and this brings with it a whole new set of anxieties. Stadlen believes that through the process of learning about their babies, mothers learn about themselves too and that this can be a very valuable experience if she is able to 'discover how it feels to be completely accepted by another person' (2005 p.200).

The change which women undergo when becoming a mother is a gradual process. As Stadlen states: 'Part of this change is accepting her new identity. On the surface, she has become a mother, and this should be an obvious truth. But it takes some getting used to' (2005 p.208). Once the mother begins to change so do all her other relationships, Stadlen notes that 'mothers change profoundly. It then becomes hard to recall the women they used to be' (2005 p.208).

Smith's (1994) earlier research into the transition to motherhood found that mothers construct a number of narratives which are sometimes contradictory and through a process of retrospection and reconstruction a new identity is developed. He believed that because the mothers were undergoing a time of extreme change they felt a psychological need to create a sense of order by emphasizing how much they remained constant despite the huge change. Bailey's (1999) research also found that women didn't undergo a complete change in themselves; rather the transition to motherhood was a pivot point for them to renew their personal narratives. The research conducted by Smith and Bailey demonstrates the way in which a sense of identity is flexible. They describe a process which comes about through the narratives one has about oneself. There seems to be agreement on this from other research undertaken on motherhood identity. Blumenthal (1999) believes identity is co-created and formed in collaboration with others. Laney et al (2014) found that motherhood expanded the self and that mothers generated new qualities within themselves, personally, relationally, generationally and vocationally, that they wouldn't have otherwise developed. The mothers showed increased capacity for compassion, empathy and availability to others, which Laney et al concluded demonstrated that motherhood was personally expansive. Psychoanalytic researchers such as Wetherell (2009) have also described the dynamic nature of identity, 'new motherhood identities are not simply pre-given and activated, but are dynamically and creatively made and remade' (2009 p.35).

### *2.2.1.3. An Existential View of Self*

It is interesting that previous research into motherhood identities from differing theoretical perspectives have similar findings in that identities are created, they are a process and they change. These resonate with an existential view of self. Existential philosophers (Sartre, 1943 and Heidegger, 1962) posit that human beings do not have an essential self rather that



we are a process of becoming. For Heidegger human beings or *Dasein*, are always in the world, not as a self-contained unit but continually connected to the world. He also rejected the view of a fixed self and believed that existence is always open to change and to possibilities. Heidegger believed that we become aware of ourselves when we reflect on our interactions with other beings in the world, 'I learn about what it means to be human from the very activity of being human' (Zimmerman, 1981 p.29). Heidegger's concept of *Dasein* is linked to temporality. Where the past is part of the present and *Dasein* projects itself into the future, as Zimmerman explains:

'For Heidegger, the unity of experience and the unity of self are grounded in the unity of temporality. The self is not subject or substance, but the self-unifying activity of three-dimensional temporality embodied as a being who must decide how to be' (1981 p.112).

Therefore *Dasein* can be seen as potentiality that projects itself into the future.

Sartre (1943) believes that existence precedes essence and that rather than being a solid object or a concrete self we are nothingness. He believes that we create a sense of ourselves through our experiences and relationships with others and through consciousness we are able to distinguish between 'me' and 'not me'. Sartre believes that we can only exist in the present and in that present moment we transcend our past self. Therefore not being tied to a past self the future is open and full of possibilities. For Sartre, therefore, we are possibility, we project ourselves and we are always becoming but we never attain ourselves. Sartre's views of self are linked to his ideas on freedom, choice and responsibility. He believed that as we are projection we are therefore fundamentally free, we have the freedom to choose and to create and recreate ourselves. However with this freedom comes responsibility as we have to accept responsibility for our choices.

Heidegger and Sartre take a similar view in that the self is a process which is created through our interactions with others and the world. They differ in that Sartre introduces the idea of human agency, that we are more active in creating the life that we lead and therefore the person we become; whereas for Heidegger *Dasein* is potential and what we become comes out of our interactions with others and the world. It would seem that both are possible as there will be times when we actively create a life for ourselves which define us and at other times our experiences and interactions will have an impact on our sense of self.

## 2.2.2. Social Support

### 2.2.2.1. *Support of Others*

Another area of motherhood which has been researched is the effect of social support on the new mother. Stern included a supporting-matrix theme to his concept of the motherhood constellation and it concerns the ‘mother’s need to create, permit, accept, and regulate a protecting, benign support network’ (1995 p.177). Stern sees this as essential for the mother if she is to be able to keep her baby alive and protect its psychic development. Stern states two functions of the matrix. The first is to protect the mother physically and attend to her needs, certainly in the early stages of motherhood. The second function of the matrix is to provide the mother with psychological and educational support. Stern highlights the importance of the mother’s relationship to her own mother and how she talks about her mother, as it can be the best predictor of the mother’s pattern of attachment to her own baby.

Other research into social support found that those mothers who had good support networks generally coped better than those without. Price (1988) noted that those ‘women who survive the traumas of disillusionment with the social experience of mothering best are those who

have close, non-critical relationships with other women' (1988 p.22). Collins et al (1993) found that mothers who had good social support during the birth experienced a better progress through labour. They concluded that social support may reduce the extent to which situations are seen as stressful. Goldstein et al (1996) found that those mothers who had a larger support network were more sensitive in their interactions with their baby. Research conducted by Cronin (2003) demonstrated the importance of the maternal mother in helping first-time mothers to adapt to their new roles and responsibilities. Social support therefore seems critical to the mother's ability to cope.

Social support also gave the mother an opportunity to gather information and this was highlighted by both Stern (1995) and Stadlen (2005). Stadlen noted that cooperative links with other mothers were vital and tended to focus on immediate practical questions concerning the care of the baby. Whereas Laney et al (2014) showed in their research how new mothers became more understanding of others and showed more empathy towards them. Informational support and appraisal was also found to positively influence the confidence of first-time mothers in their infant care practices (Warren, 2005).

#### *2.2.2.2. Forming a relationship with the baby*

Most of the previous research on the relationship between mother and baby has focussed on when attachments or good relationships are not formed between mother and baby and the impact this has on the infant as it grows and develops (Bowlby, 1969; Kennell and Klaus (1984) and Gerhardt, 2004). There has been little research on the mothers' experience. However Reyna and Pickler's (2009) research into synchrony attempts to study how the mother and baby interact to form a relationship. They believe that a reciprocal exchange promotes a healthy relationship for both mother and child as it is mutually rewarding.

Other research focussing on the interactions between mother and baby has been undertaken by Drummond et al (1993) who explored the mother's response to her baby's cry and found that initially for first-time mothers crying was merely perceived as a signal with little or no meaning and a trial-and-error approach to soothing was employed. As the weeks went on, the mothers moved to an engagement level of relating where they saw crying as a general form of communication and employed utilitarian soothing methods. By 16 weeks, first-time mothers saw crying as definite communication and used individualized methods of soothing to match the crying.

Mother and baby interactions have also been examined in an attempt to categorise the way in which mothers respond to their babies. Raphael-Leff (2001) believed that mothers responded either as a 'Facilitator' or a 'Regulator'. The 'Facilitator' adapts herself to her baby, while the 'Regulator' tries to get the baby to adapt to the way of life of the family. The third approach is that of the 'Reciprocator' who believes in reciprocal companionship and respect: 'this does not mean always putting the baby's needs first, nor adapting family life entirely to the baby's rhythms, nor getting the baby to adapt to their own' (2001 p.134). Raphael-Leff suggests that on an unconscious level the Facilitator is afraid of hating her baby, the Regulator is afraid of loving her baby and the Reciprocator has an acceptance of ambivalence. Although these categories might be useful to get an understanding of the ways in which mothers relate to their baby, their simplistic nature does not allow for the multitude of ways in which mothers and babies relate to each other and one mother may use more than one way of relating at different times.

The categories that Raphael-Leff proposes do seem to coincide with the dominant views on parenting. Facilitators take a more baby-led, attachment-parenting approach such as those

proposed by Sears and Sears (2001), whereas Regulators seem to take a more routine-based approach as advocated by Ford (2002) and Ezzo & Bucknam (2012). Little research has been conducted on the effects the approaches have on the mother but there have been a couple of studies which have researched the effects on the baby (St James-Roberts et al, 2006; Brown and Arnott, 2014 and Teti et al, 2010). Hays (1998) research suggested that parent-led approaches led to unrealistic requirements and mothers were more likely to experience failure. Although other research in this area is needed before informed statements can be made about the affect parenting style has on mothers. The Reciprocator category that Raphael-Leff suggests may offer an alternative route, which enables mothers to have a more flexible approach, which includes both responding and attending to their baby in terms of feeding and emotional availability but being aware that the baby is also part of a family and that the family has a routine and a way of life. As Price (1988) suggests there needs to be a compromise between mother and baby which is kind to the mother as well as being realistic to the child. She notes that 'in order for the babies to grow to psychological strength motherhood needs to be a delicate and ever-changing compromise between providing for them and responding to their attempts to control while at the same time containing and limiting their megalomania' (1988 p. 126).

Stadlen, with her two books *What Mothers Do* and *How Mothers Love* has also sought to bring a different perspective to the literature on motherhood. In her books, Stadlen seeks to describe and highlight the everyday aspects of mothering that are often overlooked and give mothers a voice to talk about their experiences in a positive, but also valuable way. The mothers' silence, elucidated by Kristeva becomes Stadlen's focus as she seeks to provide a language for mothers to talk about mothering as well as making the practical aspects of mothering more visible (Stadlen, 2005). Stadlen argues that 'The essentials of mothering are

invisible. It's hard to explain them in words. Practical tasks are only part of it. They do not account for that strength of feeling that goes with bringing up one's own child' (2005 p.15). For Stadlen the unseen parts of mothering concern not only the relationship that is forming between mother and child, but also how the mother is ensuring 'the continuity of civilised life from one generation to the next' (2005 p.13). The lack of words to describe how well a mother has done will not only distort the mother's perception of her ability as a mother but also the importance of mothering to herself and the rest of society.

To be able to start a new relationship the mother has to study 'her baby minutely to get to know who he is. In order to do this she has to get herself into a receptive, open-minded unprejudiced state. All her senses are alert.' (2005 p.91). Rather than doing nothing all day, Stadlen posits that mothers are actively learning about their babies, observing their every detail and in that way creating order out of chaos. Through this process they are also acquiring 'instinctive/intuitive knowledge', because they are getting to know their babies.

Stadlen's views echo those of Stern (1995) who included a primary-relatedness theme to his motherhood constellation concept. The primary-relatedness theme concentrates on how the mother socially and emotionally engages with her baby. This theme is about the establishment of attachment bonds, security and affection as well as regulating the baby's rhythms. It is also about introducing and instructing the baby on the rules of human relatedness.

Stadlen (2011) believes that a mother's love is important as it is the way in which the relationship between mother and baby begins and how that in turn expands into a pre-verbal dialogue, which turns into ordinary language and then links the child to the rest of us when

they eventually join in the adult world (2011 p.53). In this sense a mother's love is not merely about loving her new-born: it is more important and essential in that it enables and introduces the child to social life. This process of establishing a relationship, which initially centres on touch in the pre-verbal stage, is exhausting for the mother, Stadlen posits that this is because 'a mother is responsible for a new person who does not at first communicate intentionally with her, but he depends on her.' (2011 p.89-90). It is the mental work required in this level of communication that is tiring for the mother.

Stadlen also highlights another important aspect of motherly love and that is the idea of keeping the baby in mind. What she means by this is that the mother, through her observations and attempts at connecting and communicating with her baby, builds up a story of the baby's life and the particular stage the baby is at.

#### **2.2.2.3. *Existential Perspective on the Mother-Baby Relationship***

Merleau-Ponty (1962) believed that we experience being-in-the-world through our bodies and so our experiences of the world are always embodied experiences. How we understand and experience others is also through our experience of their bodily appearance. This is also true for the baby; Merleau-Ponty describes a pre-communication phase whereby the mother and baby appear as 'anonymous collectively, an undifferentiated group life' (1964 p.119).

Lupton (2013) uses Merleau-Ponty's concept of interembodiment to describe how the mother and baby are intertwined in their embodied relationship during pregnancy, childbirth and early childhood. Wynn (1997) describes how the relationship between mother and baby is a 'mutually reciprocated, actively co-constituted, creative relationship' (1997 p.254). Merleau-Ponty's (1968) notion of reversibility, that every perception has a counter perception, means that when we hold, simultaneously we are held; there is an overlapping between the two.

Therefore as the mother holds her baby, she is held in return *by* her baby. The mother and baby communicate through their bodies but they also interact through their bodies. Miller (1997) notes that whilst much has been written about infant development little has been written on mother development. His contention is that babies ‘grow their mothers’, highlighting the interactive nature of the mother-baby relationship. It is through these bodily interactions that the mothers and babies learn about each other and create and develop a relationship with each other.

In order for the mother to learn about her baby she needs to tune into her baby. Rossiter (1988) noted that listening was an aspect of the developing relationship between mother and baby; it was an intensive activity which was also an interaction between the mother and baby. She notes that ‘listening involves a constant “tuning in” to the baby’s needs, preferences, dislikes and responses’ (1988 p.66). Levin (1989) sees mothering as a mode of expert listening, which requires an openness of the mother so that she can be receptive and attentive. The mother is not just listening to the baby in order to merely respond but she is listening carefully in order to understand and familiarize herself with her baby. This type of relationship and way of responding is similar to Buber’s I-Thou relationship where the mother and baby, if well attuned, are open, receptive and attentive of each other’s actions and responses and they seek to meet each other fully and openly and through this understanding is gained.

This openness, receptivity and attentiveness are the ways in which the mother creates a space within herself for the baby. Stadlen (2011) calls it *heartroom*, drawing on Kierkegaard’s (1962) notion of *up-building*: ‘if a mother opens up real *heartroom* for her child, it does not seem possible to fold it away again’ (2011 p.18). This *heartroom* or openness allows the



possibility for the mother to create an I-Thou relationship (Buber, 2000) with her baby and therefore gain an understanding of her baby and the baby's needs and desires.

The review of the literature has shown that little has been written about the mother's experience of developing a relationship with her baby as the previous focus has centred on the baby's experience. Further research into this and the effect parenting styles have on mothers would be a good addition to the current literature on motherhood.

### **2.2.3. The Emotional Experience of Motherhood**

#### **2.2.3.1. *Shock***

The previous literature has highlighted the impact motherhood has on the mother's emotional experience. Some mothers experience shock when they first become mothers. Figs (1998) believes that 'any woman who says that she never felt shocked or overwhelmed by the anarchy of new motherhood is probably lying' (1998 p.23). For Figs the trauma of the birth and the resulting chaotic nature of the mothers' daily lives comes as a shock to most mothers, she calls this 'nurture shock' (1988 p.27). Read et al (2012) also found this in their research of the experience of motherhood. They noted that 'shock' was commonly used by mothers to express their experience of motherhood. They found that this was due to the mothers' inability to understand what motherhood was like until they were actually going through the experience. The shock was associated with the gap between the mothers' expectations and the reality of motherhood, which was also observed by Stadlen (2005).

### **2.2.3.2.      *Feeling Out of Control***

Some mothers also feel that they are out of control as their lives have become so chaotic and this is linked to the feeling of shock that some mothers experience. Figes (1998) describes how life can feel chaotic because so much happens all at the same time (1998 p.23). Stadlen (2005) also noted that many mothers described a period of chaos, which she elucidates as: ‘By chaos, they mean that they cannot perceive much pattern or logic in what their babies appear to be doing. They are responsible for new-borns whom they do not understand’ (2005 p.91-92). Rossiter had also observed this aspect in her research, she stated ‘the feeling of responsibility co-existed with a sense of not knowing anything about the baby as a person’ (1988 p.118). Stadlen notes that mothers can find this a frightening time and that ‘maternal panic is understandable’ (2005 p. 92). Miller (2005) also found loss of control a recurrent theme in her research. She describes how when the mother starts to feel a sense of control again it provides a turning point in how she describes and thinks about her experience in the early weeks. Loss of control was also found to be one of the categories in Rossiter’s (1988) research. Stadlen (2005) notes that even though the mother may feel out of control she ultimately has the power to choose how she responds: ‘The ultimate choice over what she does remains hers, every time. She is the stronger party. Every time her baby wants something and she provides it, she has chosen to use her adult power in a humane way’ (2005 p.102).

### **2.2.3.3.      *Responsibility***

The power to choose is linked to responsibility: because we choose how we respond we are therefore responsible for our choices. Stern (1995) initially sees responsibility in terms of the mothers’ ability to ensure her babies’ survival. Stern included the life-growth theme in his motherhood constellation which concerns the life and growth of the baby and whether the

mother will be able to keep her baby alive and allow it to grow. For Stern this theme is directly related and necessary for the continuation of our species and for the mother her concern will be whether she will succeed as a human animal. Stern believes that there is a biological and evolutionary drive that ensures mothers will take care of their babies and make sure of their survival. In order to do this the mother places her baby in the centre of her attention. The fear associated with this theme is that the baby will die which will lead to the mother's sense of failing to be vital and creative.

Stern et al's (1998) later work looked at responsibility from the perspective of society where they described the responsibility that is placed on the mother by society for the care of a baby as task ownership. Task ownership, they elucidated, is where 'you own the responsibility, so that any successes and failures, even if they are brought about by others, revert to you' (1998 p.13). Stadlen (2005) also noted that the responsibility the mother has for her child continues even when she is not there. This highlights the enormous amount of responsibility that is placed on the mother. Stern et al also point to the responsibility the mother has to form an intimate and loving relationship with her baby. In the same way that ensuring the survival of a baby tests the mother's ability to be a human animal, being able to bond with the baby tests her ability to be a human being. They believe that in order for the mother to identify well and consistently with her baby she 'must fall in love with this little being' (1998 p.107). For Stadlen (2005) responsibility is linked to responding: the mother feels the responsibility to respond to her baby and in the right way. Rossiter (1988) also highlights how the complete responsibility mothers feel towards their babies along with their attachment to them creates a powerful emotional state. Figs (1998) describes how these feelings of responsibility can be completely overwhelming. The previous literature has shown that different aspects make up

the feelings of responsibility that are held by mothers. However rather than each occurring in isolation they are all at play to some degree in the mother's experience.

#### *2.2.3.4. Anxiety and Worry*

Jane Price (1988) a psychiatrist and psychotherapist believes that motherhood 'can be the best or worst emotional experience of a woman's life' (1988 p.16). She goes on to state that: 'there are a number of powerful emotions connected with mothering for which most mothers are totally unexpected. The two most often mentioned are anger and anxiety' (1988 p.13). Rossiter (1988) also found anxiety and panic to be major categories in her research into early motherhood.

For Price having a baby changes everything and she believes that even the most capable of women will find the unfamiliarity of motherhood overwhelming. Especially those who have already established independent lives for themselves prior to motherhood, these mothers often experience sadness over the loss of this way of life. This leads to contradictory feelings that it is wrong to feel depressed because having a baby is meant to be a happy event and one that they have chosen. Many women will be unaware of how they will respond to the stress that being a mother puts on them until they become a mother themselves and in that sense they are totally unprepared for motherhood.

Being unprepared was another of Rossiter's (1988) major categories. Miller's (2005) research also highlighted how antenatal classes only really prepared the mother for the birth of her baby and didn't prepare her for what it would be like to be a mother. The mothers in Kitzinger's research also voiced this feeling of being unprepared, she quotes one mother as saying 'we were ready for the birth but we didn't think how it would be after' (1992 p.193)

Stadlen (2005) offered a way in which mothers can prepare and that is to be prepared to be surprised. This suggests that an openness is required of the new mother, in the sense of expecting the unexpected. Preparing the new mother to expect the unknown will help her to adjust to her new life after the birth. As Stadlen states 'having a baby – like dying – is one of the great transitions that we face for which there can be no rehearsal. But that doesn't mean there can be no preparation' (2005 p.39).

Price documents how often depression is missed by health visitors and GPs because it creeps up on a mother. She also highlights anxiety as another form of distress that is often missed. New mothers often feel overwhelming anxiety which 'reflects a complex mixture of a heightened awareness of the real dangers of the external world, which suddenly seem to be all around, and also of the dangers internally' (1988 p.138-9). For Price then motherhood, particularly in the first year, leaves a woman '... psychologically vulnerable. Her physical resources are continuously drained with little time for respite and her psychological boundaries are breeched in a way that makes her vulnerable to any hint of criticism' (1988 p.141). Price believes that women most able to cope psychologically to motherhood are those who are realistic about the expectations of being a mother and honest about their experience and who are able to be supported by like-minded women.

For Stern et al (1998) the worry and fear that the new mother experiences are responses to the alarm signals that the mother is attuned to. This is an evolutionary adaptation to ensure the survival of the species and mothers are vigilant to the possible dangers that surround the baby. Price (1988) expresses a similar view in her research: she notes that the world becomes a threatening place for the new mother, reflecting 'a complex mixture of a heightened awareness of the real dangers of the external world, which suddenly seem to be all around,

and also of the dangers internally' (1988 p.138-139). Price puts this down to a reawakening of a primitive anxiety which is out of proportion to real dangers in this day. Stadlen gives an alternative perspective when she challenges the assumptions around mothers worrying too much and re-examines these situations to find that it is where 'the mother is being careful because she hasn't got enough experience to be able to assess risks accurately.' (2005 p.20).

Contrary to previous research however, Holton et al (2010) found that mothers actually reported enhanced mental health as a result of becoming mothers. Holton et al explained that the difference they found in their findings was likely to be due to their methodology. In particular the sample group used was a random selection of mothers who were compared to a group of non-mothers in the same age bracket (30-34 years). No significant difference in the experience of depression was found between the two groups which may be related to the age range and that other age groups might be more vulnerable. It is an interesting that the findings of this study differ greatly to previous research; it would benefit from further replications to see if the findings stand up.

#### **2.2.3.5. *Maternal Coping***

Miller (2007) contends that the overriding feature of the narratives mothers provide involve trying to present as coping mothers even if they may not feel like that. She believes that mothers feel confused at first when their experiences do not match up with the dominant social discourses on motherhood. However, Miller found that over time mothers were able to make sense of their experience and also challenge the dominant discourse. Miller also found that with first-hand mothering experience the mothers in the study were able to feel confident in their mothering abilities and their ability to meet the needs of their baby.

Research on maternal coping mechanisms has shown that mothers use a variety of different techniques. Currie (2009) found that mothers employed three main ways of coping: a) obtaining outside help, mainly from their mothers and husbands, b) having a plan and c) time-out. An effective strategy was having a routine and this also helped to reduce perceived stress levels and helped the mothers to feel greater control of the day's events. Having time out also helped decrease any sense of isolation the mothers might be feeling. Currie also found that mothers who felt that they had effective strategies available were more confident and ready to face further challenges. Ngai et al's (2011) research on first-time Chinese mothers found that they demonstrated self-reliance and were able to draw on personal resources to help them deal with the challenges of early motherhood. Strategies such as making personalized decisions and perseverance helped. This was also found by Rogan et al (1997) who discovered that most women demonstrated 'huge personal strength and resourcefulness' (1997 p.883) while they are 'working it out', i.e. working out how to mother.

### **2.3. Rationale**

The literature review has shown that motherhood is a topic that has been investigated a great deal. It also highlighted that motherhood is a significant event for a women. Despite this little research has taken a specifically existential perspective on motherhood. The existential approach concerns our existence and lived experience and therefore an existential analysis of the experience of motherhood will provide a greater depth of understanding and a different perspective to the current literature.

The previous literature has described this transition as a period of time when a woman feels vulnerable and sometimes traumatised after the birth, as she struggles to care for her new

baby while grappling with her new sense of identity and what that means for her. Research into the transition to motherhood has clarified that women becoming mothers for the first time are faced with a completely new and different way of living which often involves changes in their identity or sense of self. Research has focused on how women's definitions of themselves change, how their lives have altered in concrete terms as well as how information they gain from society or other sources can also impact on this identity and their experience. What seems to be missing from the previous research is an existential exploration of this transition. With a focus on how women experience this transition, what becoming a mother means to them and what is it like having to adapt to a new way of being.

As the literature review has shown this is an important area to investigate as motherhood has an impact on many aspects of women's lives; from how mothers are viewed in society to their experience of motherhood. There are huge implications for mothers' mental health and sense of well-being, which in turn can affect their relationship with their babies. As Prinds et al (2014) stated current views and practices held by health care professionals seem mismatched to the actual experiences of mothers today. These views can be challenged by research which aims to elucidate how women experience becoming mothers. Research, which uses methods which encourage and enable mothers to describe their actual experience such as phenomenology, will lead to a better understanding of the transition to motherhood. Therefore to investigate this further the current research was designed to explore the existential-phenomenological aspects of the lived experience of first-time mothers in the early stages of motherhood.



### **3. Methodology**

#### **3.1. Development of the Research Question**

Drawing on my review of the current literature and my own experience of becoming a mother, I wanted to develop a piece of research which would enable me to seek an understanding of the lived experience of becoming a mother for the first time and whether there are any commonalities between the experiences of different mothers.

I found becoming a mother for the first time was a totally new experience for me. I felt at first that I was living in a parallel universe to everyone else and had entered a world of mothers and babies. In this world there was a different concept of time and all my attentions and energies were devoted to my baby. Motherhood tested me in ways I hadn't expected. I was therefore interested in how other women experienced this transition and how they managed or otherwise the inevitable change that it had on their lives. I was also interested in how these changes had an effect on mothers, how they felt as mothers, what meaning motherhood had for them and how they incorporated their new experiences into a sense of themselves.

I wanted to build on the research conducted by Stern and Bruschweiler-Stern (1988), Stern (1995), Smith (1994), Bailey (1999), Blumenthal (1999), Miller (2005) and Laney et al (2014). These researchers were all concerned with how mothers created a motherhood identity for themselves. My interest was how this process actually occurred in the lived experience of mothers. I was also interested in how this transition to motherhood could be understood from an existential perspective and I wanted to build on the scoping review conducted by Prinds et al (2013).

In order to attempt to capture the experience of what it is like for mothers in this transition period I used Van Manen's Lived Experience methodology, which is a hermeneutic phenomenological method. I will outline below the epistemology, ontology and the methodology of the hermeneutic phenomenological method. All three are fundamental to a piece of research as the philosophical framework the researcher adopts will provide a structure through which to gain an understanding of what knowledge is being created and this in turn will highlight methods through which to obtain it. I will make a case for its relevance for this particular piece of research. I will also look at alternative methods and explain why they had been discounted.

### **3.2. Qualitative vs Quantitative Research**

Methodology differs from the method in that it provides a general approach to studying a particular research topic, whereas the method refers to a specific research technique (Silverman, 1993). A quantitative methodology which focusses on measurement and discovering empirical evidence would not be suitable for the current research as it would seek to reduce a mother's experience down to a set of variables which would be statistically significant and generalizable to the population as a whole. As the current research is concerned with discovering the subjective meaning of a mother's experience, a qualitative methodology is more suitable. Most qualitative researchers are interested in meaning and how people make sense of the world, or how they manage certain situations. Therefore qualitative research tends to be concerned with the quality and texture of the experience and not to have pre-defined variables which the participants' experience is measured against. Instead the researcher is interested in how the participant attributes meaning themselves. For this research I aim to find out what it is like to become a mother, how it is experienced and to uncover any elements that are shared by all mothers.

The objective of qualitative research is to describe events or experiences as fully as possible. The researcher is always open to what is revealed in the research and does not try to predict the outcome. Qualitative research tends to take place in naturalistic settings, observing the participant in their own territory. The research itself is seen as a process, i.e. that knowledge and meaning are created in the interview and that the way in which the participant and researcher interact contributes to this process.

### **3.3. Methodology**

The current piece of research aims to create an experiential account of what it is like to become a mother and a qualitative methodology has been chosen for this. Within the qualitative research tradition there are several distinct frameworks, each with its own particular philosophy, property and method. The main approaches are Grounded Theory, Interpretative Phenomenology, Case Studies and Discourse Analysis, although this is not an exhaustive list. Each approach has a particular slant and view about what can be known and how. Choosing which methodology is appropriate for a piece of research will depend both on the research question, i.e. what the researcher is seeking to find out but also on the researcher's position on the nature of our being and reality and the nature of knowledge itself.

A phenomenological research methodology was felt to be the most appropriate to use for this piece of research as it has its focus on the individual's experience and will also involve an exploration of existential themes. The epistemology and ontology of the methodology will be discussed below and how that relates to both the research question and my own philosophical position and understanding. The other methodological approaches that were considered for this research will be discussed later at 3.3.2. Alternative Approaches.

### 3.3.1. Phenomenological Research

I chose a phenomenological research methodology as I was interested in discovering how first time mothers experienced becoming mothers. Phenomenological research is a systematic methodology which focusses on things or experiences as they appear and looks for a more descriptive rather than explanatory account of these experiences. By focussing on the experience of motherhood as it appeared to each mother and staying at a descriptive level I hoped to uncover the lived experience and to discover any aspects that may be shared by other mothers. The epistemology of phenomenological research draws on Husserl's phenomenology. In terms of its ontology, we understand human existence and being through Heidegger's phenomenology. Both Husserl's and Heidegger's phenomenology's are described below. Within Phenomenological Research there are a number of different methods which can be used to conduct the research and these will also be described.

#### 3.3.1.1. *Epistemology*

Epistemology is an important aspect of research as it provides the basic premise of how we know about the world and how we exist within it. Epistemology comes from the Greek word *epistêmê* which means 'knowledge' or 'understanding' and *logos* meaning 'study of'. Epistemology, therefore, is a branch of philosophy which is concerned with the nature of knowledge. It is concerned with such questions as 'what is knowledge?', 'how is knowledge acquired?' or 'to what extent is it possible for a given subject or entity to be known?' (Willig, 2001).

The aim of every piece of research is to create and disseminate knowledge about the world or about human existence. The epistemology of phenomenological research will provide a foundation to the research but will also carry with it a set of assumptions and a way of

looking at and understanding the world. Epistemology is linked with ontology and methodology. Ontology refers to the philosophy of reality, whereas epistemology addresses how we know that reality and methodology will highlight a method by which that knowledge can be obtained.

The epistemology of phenomenological research draws on Husserl's phenomenology as he was interested in how we know things and in particular he looked at the relationship between the knower and the object of study (Lavery, 2003). In terms of the different types of epistemology, phenomenology can be seen to fall under an interpretive strain as there is an attempt to understand phenomena through the meanings people assign to them.

Phenomenology seeks to grasp an understanding of knowledge itself and in particular knowledge about existence, interpretation and conceptualisation.

### **3.3.1.2.      *Husserl's Phenomenology***

A brief description of Husserl's phenomenology will elucidate the epistemological position I have taken with the current piece of research and will demonstrate the attitude I took when approaching this research and in particular when conducting the interviews and analysing the transcripts.

Edmund Husserl, the founder of the phenomenological method, was interested in discovering the essence of each kind of experience in its true form. Husserl wanted to develop a descriptive science in order to get to the phenomena of the experience, i.e. 'to the things themselves';

'Thus, the objects of Phenomenology are "absolute data grasped in pure, immanent intuition", and its goal is to discover the essential structures of the acts (*noesis*) and the objective entities that correspond to them (*noema*)' (1985 p.635).

Husserl was influenced by Franz Brentano's concept of intentionality, which refers to the fact that all 'psychological acts are directed to an object' (Warnock, 1970 p.25). This suggests a relationship between consciousness and the world i.e. that objects gain meaning through our consciousness.

'Husserl argued that phenomenology's main purpose is to remind us that the primordial *meaning of the objective world* is its mode of engaging human consciousness' (Kearney, 1994 p.15).

Husserl's contention was that in order to investigate experiences there needed to be a distinction made between the act of consciousness, *noesis* and the phenomena towards which consciousness is directed, *noema*. In order to do this Husserl stated that all assumptions about the world, all knowledge, beliefs and values needed to be bracketed so that the focus of attention is reoriented away from the subjective meaning of the experience towards the experience as it is experienced. He called this bracketing of assumptions *epoché* and it formed part of his method of phenomenological reduction. Once a person had performed *epoché* and adopted a phenomenological attitude they would be able to objectively describe the features of experiences as they experienced them.

Husserl added a second reduction to his phenomenology, the *eidetic* reduction. This reduction concerned attaining the essence of consciousness: 'the various acts of consciousness must be made accessible in such a way that their essences – their universal and unchangeable structures – can be grasped' (1985 p.636). This reduction involved attempting to grasp the meaning of objects and experiences. Husserl believed that the meaning of essences came about through imagination and self-reflection. Therefore by varying the structure of the object through free variation the essence will emerge: 'the essence is that identical something that continuously maintains itself during the process of variation' (1985 p.636).

Husserl's phenomenology provides a way for me to approach the research by being open and eliciting full descriptions of the experience of becoming a mother in the interviewing stage. In terms of the analysis Husserl's phenomenology provides a framework to understand how knowledge can be gained from the analysis of the transcript. Again by being open, putting aside pre-conceived ideas and looking at the transcript as if anew will provide a focus for uncovering elements of the experience as it is described by each mother.

### *3.3.1.3.      Ontology*

Phenomenological research takes Husserl's phenomenology as its epistemology for how we know and gain knowledge about the world. In the same way phenomenological research has an ontological position which concerns the nature of reality and what can be known about it. For the purpose of this research I have drawn on Heidegger's phenomenology, as it focuses on the ontological nature of Being and how that manifests itself in the world. A description of Heidegger's phenomenology highlights how I understand existence and in particular the existence and being of first-time mothers. Heidegger's phenomenology provides a certain perspective through which I will view and understand each mother's subjective experience.

### *3.3.1.4.      Heidegger's Phenomenology*

Martin Heidegger was influenced by Husserl's work and sought to gain his own understanding of phenomenology as a method of investigation. Heidegger examined the Greek term 'phenomenology' and broke it down into its two components 'phenomenon' and 'logos'. He felt that these components needed to be understood first before a combined meaning could be established.

The meaning of 'phenomenon' Heidegger (1996) took to being 'what shows itself in itself'. He looked at how something could show itself, either as self-showing or as semblance, where something *seemed* to be showing something but in fact wasn't. Heidegger talked about the confusing nature of phenomena, which can refer to the phenomenon but also to semblance, appearance or mere appearance.

Heidegger identified that logos was intrinsically linked to speech and that logos is the manifestation of what is being talked about and therefore makes it accessible to others. He took the 'sy' of synthesis to refer to letting 'something be seen in its togetherness with something, to let something be seen as something' (1996 p.33).

However looking at the interpretation of 'phenomenon' and 'logos' led Heidegger back to 'to let what shows itself be seen from itself, just as it shows itself from itself', which expressed nothing more than Husserl's maxim 'to the things themselves'. Heidegger believed that phenomenology was more than could be derived from its title. He asked 'what is it that phenomenology is to 'let be seen'? What is it that is to be called 'phenomenon' in a distinctive sense? What is it that by its very essence becomes the *necessary* theme when we indicate something *explicitly*? (1996 p.34). For Heidegger there is a concealed element, something that does not show itself initially, 'what remains *concealed*, falls back and is *covered up* again, or shows itself only in a *distorted* way, is the *being* of beings' (1996 p.35). It is this concealed aspect of being that can be accessed by phenomenology.

Heidegger talks about phenomena as being either completely *undiscovered* or *buried over*, where it had at some time been discovered but had got covered up again. This type of covering up can lead to distortion and possibly being deceived or misled. Heidegger believed



that the covering up, whether it was concealment, being buried over or distortion had two possibilities that there were either accidental coverings or necessary ones.

Heidegger stated that as beings had a concealing quality, they needed to be brought forward in the right way so that they can show themselves in a genuine way,

‘Because phenomenon in the phenomenological understanding is always just what constitutes being, and furthermore because being is always the being of beings, we must first of all bring beings themselves forward in the right way if we are to have any prospect of exposing being. These beings must likewise show themselves in the way of access that genuinely belong to them’ (1996 p.37).

Heidegger further states that phenomenology involves interpretation and that in order to gain a proper meaning of being and its basic structures hermeneutics must be used.

Heidegger’s phenomenology has a different focus to Husserl’s in that he seeks to uncover the being of Beings; whereas Husserl was concerned with seeking a description of the essential structure or essence of a phenomenon. Heidegger wanted to describe and understand the essence of the being of Beings and to find some universal or ontological qualities of human existence. In the same way I aimed to see if there were any universal commonalities of what it is like for a woman to become a mother.

Husserl’s phenomenology provides an epistemological understanding of how we can understand or seek knowledge and Heidegger’s’ phenomenology provides an ontological understanding of the qualities of reality. A phenomenological research methodology, with its descriptive focus and aim to grasp and understand the essence of human existence (Lavery, 2003), is the most appropriate for this particular piece of research.

### *3.3.1.5. Interpretative Phenomenological Analysis*

There are a number of different methods within phenomenological research methodology. Interpretative Phenomenological Analysis or IPA, with its phenomenological slant, was considered as a possible method for this research as it does focus on an individual's lived experience and how they make sense of that experience. The approach is also interpretative as meaning is constructed through the research process and is a product of the researcher and participant's interactions as well as how the researcher interacts with the transcripts. Smith highlights the researcher's role in the research process and states "The participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world" (2004 p.40). McLeod states, "the 'essence' of the phenomenon can never be grasped" (1994 p.91); however through the process of trying to grasp the essence an understanding of the various aspects of the phenomenon can be reached.

Smith (2004) details what he sees as the three characteristic features of IPA, that it is idiographic, inductive and interrogative. Its idiographic nature comes about through analysing each case fully before moving onto the next case and by analysing all the cases fully before any cross analysis takes place, this enables common themes to be drawn out at the same time as keeping individual narratives. IPA is flexible in its techniques to allow for unanticipated themes to emerge and is therefore inductive. It is interrogative in that the analysis is discussed in terms of relevant psychological literature and aims to contribute to the field of psychology. In terms of interpretation, the text or narrative can be analysed at different levels and from different vantage points.

### 3.3.1.6. *Hermeneutics*

What IPA lacks, however, is a hermeneutic interpretation of the data. Dilthey (1976) states that ‘our experience is always in a context, we affect our experience from a personal viewpoint and it is also affected externally by culture, history and society’ (1976 p.161). This is similar to the position Heidegger takes when he talks about Being-in-the-world that we are always in connection with ourselves, the world we live in and other people and that the world contains our physical environment but also our culture, history and society.

Gadamer (1976), like Heidegger, also placed emphasis on hermeneutics. Gadamer showed that interpretation was not an isolated activity but was the basic structure of experience,

‘The hermeneutic process involves a circle through which scientific understanding occurs, through which we correct our prejudices or set them aside and hear “what the text says to us”’ (1976 p.xviii).

For Gadamer then the hermeneutic circle allows for our prejudgements to be set aside and then corrected in view of the text, which will lead to the development of new prejudgements. The text then provides an important description of subjective experience, which through reflective interpretation can be made fuller and more meaningful. Gadamer (1976) refers to Heidegger’s notion of hermeneutics to bring ‘before me something that otherwise happens behind my back’. The reflective-interpretation of hermeneutics allows for both a description of the experience as it appears in consciousness but also an analysis and interpretation of the conditions that account for the experience. Therefore the analysis and interpretation is an active and interactive process.

### 3.3.1.7. *Hermeneutic Phenomenology*

Hermeneutic Phenomenology or interpretative phenomenology, such as Van Manen's Lived Experience, is very similar to IPA. Like IPA the focus of Hermeneutic Phenomenology is on understanding the meaning of the experience by searching for themes. However when it comes to analysing the data Hermeneutic Phenomenology involves more interpretation than would be found with IPA. Rapport (2003 p.130) suggests that as meaning is unique and cannot be described there needs to be a level of interpretation to go beyond the data.

Laverty (2003) makes a distinction between phenomenology and hermeneutic phenomenology. The first stems from the philosophy of Husserl, whose aim is to go *back to the things themselves*. Laverty states that "Phenomenological research is descriptive and focuses on the structure of experience, the organizing principles that give form and meaning to the life world" (2003 p.15). The researcher will be careful to bracket assumptions and keep analysis close to the material obtained. Hermeneutic phenomenology on the other hand, is as Gadamer understood hermeneutics, as a process of co-creation between researcher and participant. Van Manen (1990) describes how Gadamer had noted, "thinking and speaking, rationality and language, derive their contemporary meanings from the same root: *logos*. . . . So phenomenology is the application of *logos* (language and thoughtfulness) to a phenomenon (an aspect of lived experience), to what shows itself precisely as it shows itself." (1990 p.33). Hermeneutic phenomenology stems from the work of Heidegger. Its premise is that there is not just one reality but multiple realities that are constructed and can be altered by the knower (Laverty, 2003 p.13). The process of interpretation for hermeneutic phenomenology is an interaction between the researcher and the participant and also the researcher and the transcript. As Laverty points out "knowledge is seen as the best understanding we have been able to produce thus far, not a statement of what is ultimately

real” (2003 p.13). Therefore as reality is specifically constructed, writing and language are given importance in hermeneutic phenomenology as the researcher strives to put into words the meaning of the experience.

For the purpose of this study I felt that hermeneutic phenomenology best suited the research that was to be undertaken. Husserl’s phenomenology would give me a certain attitude and way of approaching the research and the interviews. This attitude would involve focussing on gaining a descriptive exploration of the mother’s experience by being open to each individual experience and to put questions in such a way that she was able to describe her experience fully.

Heidegger’s phenomenology provides a way for me to try to understand human existence and therefore the existence of first-time mothers. Heidegger was concerned with finding universal essences of human existence and uncovering something that may be hidden and concealed. In the same way I sought to find if there were commonalities between the experiences of each of the mothers interviewed that constitute becoming a mother.

Hermeneutics allows for the development of meaning between researcher and participant as well as bringing an existential analysis to the interview data. This allows for meaning to be created between myself and the mother. Hermeneutic research is interpretive and focuses on the meaning of experience. Each experience takes place within a particular social and historical context. Women become mothers in a physical way through the birth of their baby, but their experience of motherhood and the development of their motherhood identity are borne out of the social and historical context in which they are living. It follows then, that hermeneutics will add this dimension to the research and will give a richer account of the

motherhood experience than if a purely descriptive account of the experience of becoming a mother was used. Hermeneutics allows for meaning to be created and therefore encourages the mother to move from giving a descriptive account of her experience to seeking to understand and make sense of that experience.

### *3.3.1.8. Existential Philosophy and Phenomenology*

From a personal perspective a hermeneutic phenomenological methodology takes into account my own philosophy and way of working. As an existential counselling psychologist and psychotherapist my work is grounded in existential philosophy and makes use of a phenomenological method to help me understand my clients' difficulties and their position in the world.

Existential philosophy provides a theoretical framework from which I approach my understanding of the world and others and indeed that of my clients. The existential approach draws on a rich tradition of philosophers dating back to Socrates and Plato. However, I tend to draw on the philosophers of the nineteenth and twentieth century, such as Kierkegaard (1801), Nietzsche (1844), Heidegger (1927) and Sartre (1905).

The philosophers who tend to be called existential have a common interest in that their primary focus is on human existence and the question of Being, but also on human freedom. They contend that people are free to choose how to live and therefore how to *be*. However with freedom comes choice and responsibility. Existential philosophers seek to describe and articulate what it is like to be human and they have written on such themes as death, anxiety, isolation, absurdity, guilt and meaning. It is these philosophers of existence who have

influenced the development of existential counselling psychology and psychotherapy, as

Yalom comments

‘The European existential analytic trend arose both from a desire to apply philosophical concepts to a clinical study of the person and as a reaction to Freud’s model of man’ (1980 p.17).

Existential philosophy also shares a method, that of Husserl’s phenomenology, which is a way of approaching the world and others in an open and descriptive a way as possible.

Existential counselling psychology and psychotherapy is the application of existential philosophy to working with clients. It therefore has a focus on the individual’s experience of living and all the richness that that entails. Rollo May states that ‘Existential analysis is a way of understanding human existence’ (1994 p.76), Van Deurzen echoes this: ‘Existential psychotherapy does not seek to cure or explain; it merely seeks to explore, describe and clarify in order to try to understand the human predicament’ (1997 p.3). Through phenomenology therapists are able to reflect upon their own responses to the material that the client brings and can become aware of any biases or prejudices that may arise along with their feelings and assumptions.

I use both existential philosophy and phenomenology in my way of working as an existential psychotherapist. Phenomenology gives me a way of approaching my work with clients so that they explore and describe their experiences rather than seek explanations. Existential philosophy gives me a grounding in how I understand and see human existence, my own life and the lives of my clients. Both existential philosophy and phenomenology will be utilised in my research. Phenomenology will guide the way I approach the interviews with the mothers and existential philosophy will give me a perspective on the analysis and how I understand the findings generated from the research.

### 3.3.2. Alternative Approaches

As mentioned earlier within qualitative research there are a number of methodologies of which phenomenological research is but one. Each methodology has its own epistemology and ontology and will take a different approach to the research. Each of the following methodologies were considered for the current piece of research but for the reasons stated below they were also discounted.

#### 3.3.2.1. *Grounded Theory*

Grounded Theory was developed by two sociologists, Barney Glaser and Anselm Strauss (Glaser, 1978), as a result of their work with dying patients. They developed this method not to aim for the ‘truth’ but to conceptualise a particular phenomenon. The goal of Grounded Theory is to create concepts through coding and sorting the research data. The concepts are then used to generate hypotheses, which are grounded in the data, which leads to the development of a theory about the phenomena of interest. The researcher is required to be impartial and careful that hypotheses are generated by the data rather than through speculation or assumption.

The theory has been described as being a positivist methodology (Charmaz, 2006) and it shares some of the difficulties that positivism has; such as whether it is possible to attain a definitive theory, as coding and concept creation could be a never-ending process. There are also issues around researcher bias and impartiality. Thomas and James (2006) suggest that Grounded Theory has three problematic notions, that of ‘theory’, ‘ground’ and ‘discovery’. They question if theories are in fact developed and believe that rather than theories being discovered in the process they are in fact invented.



Grounded Theory, with its focus on generating psychological theories would have been an interesting method to use for this piece of research. But I felt that I wanted to focus on exploration rather than theory generation and I aimed to produce a descriptive and experiential account of the subjective experience of first-time mothers. It might be interesting to build on the current research later to generate a psychological theory of becoming a mother by using and reframing the subjective experiences of first-time mothers obtained in this study.

### *3.3.2.2. Case Studies*

With regard to the current research, although the use of a case study would give an in-depth description of one mother's experience of the transition to motherhood, the research also aims to discover whether there are any commonalities between the experiences of different mothers, although several case studies can be used to compare different experiences (Rossiter, 1988).

Case Study methodologies tend to be used in qualitative research for in-depth analysis of a particular event or phenomena. Generally, although not always, research using this methodology will focus on a single case study and most often case studies are used in clinical research to describe rare events or conditions. The advantage of using this methodology is that it provides a detailed description of specific cases or phenomena. Case study research also has the potential to develop novel hypotheses which can be tested in later research. The main critique of this methodology is that it is difficult to generalise findings from a single case study to a wider population. Flyvbjerg (2011) seeks to dispel many of the misconceptions that he feels case study research suffers from. He states that it is a paradox

that case study research has produced some classic texts, such as Freud's case histories 'Little Hans' and 'The Rat Man' (Freud, 2001), but is still held in low regard by many.

I could have used case studies in the current research to provide a detailed description of a few mothers' experiences of motherhood; comparing these experiences to find similarities and differences. However I wanted to focus on the commonalities between the mothers' experiences and case studies tend to be used to explore or describe unique experiences or phenomenon.

### **3.3.2.3. *Discourse Analysis and Narrative Analysis***

Both Discourse Analysis and Narrative Analysis were considered for this research as both examine subjective experience. Dallos & Vetere (2005) offer a distinction between the two. Discourse Analysis focuses on the interactions, namely verbal conversations, between individuals. Its premise is that individuals' beliefs, feelings, understandings and meanings are constructed through interactions with others. It follows then that ideas are not enduring qualities and they change depending on whom the individual is interacting with. Narrative Analysis is similar in that its focus is on language, however the emphasis is on the stories people tell about their lives and how these stories impact on the individuals' sense of self or identity. Narrative Analysis is useful in looking at narratives over time as it connects the past, present and future.

Discourse and narrative analysis focus mainly on the stories that individuals tell about their lives and themselves. The first-time mothers interviewed for this research would give a narrative of their experience of becoming mothers which would be influenced by their experience and their interactions with others and a wider society. However using discourse

analysis to look at the interview data would keep the analysis at the level of language and how they construct and talk about their experience. For this research I focussed on the subjective and experiential level.

### 3.4. Method

The term methodology can be understood from the Greek as meaning the *logos* (study) of the method (*way*), meaning the ‘pursuit of knowledge’. Therefore the method is the way in which knowledge is pursued. For this research I chose a phenomenological methodology and within that methodology a hermeneutic phenomenological method. Within the notion of method there are various techniques or procedures which can be employed and for this research I drew on Van Manen’s Lived Experience method. Van Manen himself, argues that the methodology of phenomenology has a paradoxical nature as it tries to move away from set procedures and techniques that have been predetermined, ‘Indeed it has been said that *the method of phenomenology and hermeneutics is that there is no method!*’ (1990). However, van Manen reasons there is a particular tradition, or way of thinking within the phenomenological methodology which has highlighted certain ways in which knowledge has been pursued and that these can be used to guide phenomenological research rather than there being a set of fixed guidelines that need to be followed and this was kept in mind while the current research was conducted.

Van Manen (1990 p.30-31) suggests six methodological themes which give hermeneutic phenomenological research its methodological structure,

1. turning to a phenomenon which seriously interests us and commits us to the world
2. investigating experience as we live it rather than as we conceptualize it
3. reflecting on the essential themes which characterize the phenomenon

4. describing the phenomenon through the art of writing and rewriting
5. maintaining a strong and oriented pedagogical relation to the phenomenon
6. balancing the research context by considering parts and whole.

Van Manen is particularly interested in pedagogy, which concerns the principles and practices of teaching. He developed the Lived Experience method to enable people to engage in pedagogic reflection, i.e. to think about how we live with children in the context of being a parent or teacher. Van Manen also aimed for the method to be used as a human science research approach which would not necessarily contain a pedagogical element. As Langdridge (2007 p.123) suggests for psychological research the word 'pedagogical' in step 5 could be replaced by the word 'psychological', i.e. maintaining a strong and oriented psychological relation to the phenomenon. For Van Manen pedagogic reflection involves being self-reflective about how the researcher interacts and thinks about the participant in a pedagogical way. Looking at this psychologically means that the researcher needs to consider the other person's experience as well as their own experience from a psychological perspective; i.e. how the researcher understands their own life and experience and that of the other in psychological terms. Van Manen's intention to maintain a strong and orientated psychological relation to the phenomenon means the researcher needs to constantly be reflectively sensitive to the psychological aspect of what is being expressed or observed and that this is a two-way process as it involves the researcher to be self-reflective about their position in the world too.

The interview process is also more flexible than, for example, IPA and the researcher is able to contribute their own views to the process to enrich and develop the meaning between researcher and participant.

Van Manen is aware that the six themes are in themselves artificial but they give a basis on which each individual researcher can think about and design their own research.

### 3.5. Design

In order to design and orientate my research I explored each of Van Manen's methodological themes in turn.

#### 1. *Turning to a phenomenon which seriously interests us and commits us to the world*

Van Manen quotes Heidegger 'to think is to confine yourself to a single thought that one day stands still like a star in the world's sky' (1990 p.31), which sums up his view of turning towards the nature of lived experience. It is to think deeply about an experience in as full and as whole a way possible: 'The aim of phenomenology is to transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful.' (1990 p.36). Turning towards the nature of lived experience orientates the researcher towards an aspect of human existence and through thinking deeply about this aspect, taking into account historical, cultural and social contexts, the researcher aims to make sense of this experience. Van Manen makes clear that the very nature of phenomenological work is that the research will only ever yield *one* description of that particular aspect of human existence as there is no single interpretation of human existence,

The current research takes as its focus the experience of becoming a mother. When I was designing the research I followed Van Manen's guidelines and turned towards thinking deeply about what it is like for women in those first few months after the birth and how they themselves make sense of their experience. This helped me to think about the lived

experience of becoming a mother and the transition that it involves. This ‘turning towards’ process enabled me to look at how the experience also occurs within a historical, social and cultural context. I realised that becoming a mother could be experienced very differently in different contexts and this was taken into consideration in the research.

## 2. *Investigating experience as we live it rather than as we conceptualize it*

Van Manen sees phenomenological research as reawakening our contact with how we experience something. He talks about wisdom and how that comes about through living life deeply and how practical wisdom can be brought into phenomenological research. Van Manen sees the researchers’ role as two-fold, firstly to ‘stand in the fullness of life’ (1990 p.32) and to try and immerse yourself in the experience to get a full understanding. The second task of the researcher is to actively explore different aspects of that lived experience. Van Manen stresses that experiential accounts are not the same as the lived experience itself and that the experience has already gone through a transformation during its relating. The emphasis therefore on phenomenological research is to create meaning. He goes on to state that phenomenology addresses any phenomenon as a *possible human experience*, i.e. that it has a universal nature and that by understanding others’ experiences we gain an understanding of our own.

Relating this to the current research, the research interview was designed to be conducted in such a way as to enable the participants to talk openly about their experiences of becoming mothers. The opening question sought to open up the topic to be explored and to keep possibilities open. Further exploratory questions were used to centre the mother’s focus on her experience and to consider it from different perspectives to try and highlight other aspects

of the lived experience. In this way a fully explored description of the woman's lived experience of becoming a mother was obtained.

### 3. *Reflecting on the essential themes which characterize the phenomenon*

For Van Manen the process of determining and reflecting on essential themes is not just about trying to grasp aspects of a particular lived experience, rather phenomenological research is about trying to discern aspects that are hidden, what is it that makes this lived experience significant? Van Manen makes the distinction between appearance and essence and draws on Heidegger's idea that being has a concealing quality and that by reflecting deeply on a lived experience these qualities may come to the fore.

This suggests a quality in the way in which the researcher approaches the analysis of the transcript. Therefore while I looked at the transcript I reflected deeply on what the participant was saying. I also reflected on the aspects of this lived experience. In particular what made them significant, what essential qualities there were to the experience and what was being concealed that needed to be revealed in order to gain a full understanding of the experience.

### 4. *Describing the phenomenon through the art of writing and rewriting*

Van Manen stresses the importance of language and thought in any piece of research but particularly phenomenological research as our thoughts and how we communicate them are an important aspect of research. Van Manen shows that both thinking and speech have the same root, *logos* and *logos* also has the meaning, conversation, inquiry and questioning. Therefore Van Manen sees phenomenology as the 'application of *logos* (language and thoughtfulness) to a phenomenon (an aspect of lived experience) (1990 p.33).

It follows then that how the essential themes of a lived experience are reflected upon and then put into language is important as the language will convey some meaning about the essential aspects that are being described. Therefore my use of language and way of writing highlighted and showed something about the essential nature of the lived experience. My writing also added something, a deeper layer of reflection and understanding that was not found in the text of the interview alone. Therefore meaning and understanding was expressed through my reflection of the interview and transcript.

5. *Maintaining a strong and oriented pedagogical (psychological) relation to the phenomenon*

Van Manen recognises that the process of undertaking research is often taxing on the researcher as it is easy to get distracted or side-tracked by pre-conceived opinions or speculations. Maintaining a strong and oriented relation is about having a strong relation with the topic, researching something that the researcher is interested in and passionate about, but also being orientated towards it so that it remains the focus and we are tuned into the topic in a full way.

The topic chosen for this current research is something that I am very interested in. I was mindful when looking at the data contained in the transcripts that I focussed purely on each mother's experience and strove to gain an understanding of that lived experience. I was able to bracket out making links too soon with theories I had read or with the transcripts of the other mothers interviewed, by asking myself 'what is it like for this particular mother?'. Being aware of my thoughts and being self-reflective enabled me to stay focussed to each individual mother's experience.



#### 6. *Balancing the research context by considering parts and whole*

The act of reflecting deeply, writing and re-writing can often mean that the researcher is drawn into the finer details of the lived experience and Van Manen recognises that there are times when the researcher needs to step back and look at the research as a whole. In this way the experience can be seen in its entirety as well as detailed description of its aspects.

### 3.6. Reflexivity

Investigating lived experience takes as its starting point the researcher's experience of the phenomenon. Van Manen suggests that 'It is to the extent that *my* experiences could be *our* experiences that the phenomenologist wants to be reflectively aware of certain experiential meanings' (1990 p.57). Therefore by becoming aware of their own experiences the researcher can use these experiences to orientate themselves towards the phenomenon and the different stages of the research process.

Reflexive practice in research not only provides the researcher with an orientation towards a topic or phenomena of interest, it also ensures that the researcher takes into consideration their own personal biases and how they are influenced and influencing the topic and the participants under investigation. Reflexive practice helps in the discovery of knowledge about a topic but it also brings a transparency to the research and shows how that knowledge has been acquired.

Reflexive practice requires self-awareness, awareness of the researchers' responses in the moment, both internal and external, as well as awareness of how the wider social, historical context in which the research is situated in is having an influence.

Etherington (2004) talks of reflexivity as having a 'circulating energy' between the researcher and participant and recognises that both have agency. This can be seen in terms of co-creation that the interactions between the researcher and participant will produce or create a particular set of data. It is for the researcher to be mindful about how their responses have been part of this process.

The transparency of reflexive practice does enable ethical issues to be highlighted and power relations between the researcher and participant to be addressed. Reflexive practice also adds validity and rigour to the research, as it enables others to see how the research has been undertaken which is essential if the research is to be replicated. Etherington highlights some blocks to reflexive practice, which centre mainly on the researcher and their level of awareness, or their lack of confidence and feelings of uncertainty and insecurity around exposing their practice.

In this way I spent some time thinking about, writing and talking about my experience of motherhood and how I experienced the transition in becoming a mother. I was also aware that although my experience may be similar to other mothers' experience, it was *my* experience. Having an awareness of my experience enabled me to keep it in mind during the interview process and by using the same interview questions for each mother I attempted to stop any researcher bias occurring.

During the research process I kept a journal and noted down the thoughts and connections that occurred to me. I did this after each interview and also during the analytic process. I noted down connections between the experiences the mothers were describing and the theory I had read, as well as my own experience of and thoughts about, being a mother. I

approached each transcript in the same way, keeping close to the words used by the mother but also reflecting on how I was grouping the various statements together. I reflected on the notes I had made after each interview and I tried to remain open about the possible meanings and themes that emerged, particularly for those themes that had already been expressed in the literature. As each theme emerged I would refer back to the transcript to check that the meaning that I was assigning was what was being expressed by that particular mother and that I wasn't adding in my own bias. The analysis involved a forward and back process, between the parts and the whole of the text, where I would reflect upon each theme and refer back to the transcript to see if there were any alternative meanings that could be ascribed to the experience being expressed. As van Manen stated 'As we stare at the paper, and stare at what we have written, our objectified thinking now stares back at us' (1990 p.125), it is therefore through the art of writing and reflecting on what has been written that subjective material can be dealt with objectively.

During the analysis process I remained focused on trying to understand each mother's perspective and I used my own experience to help me to grasp that understanding fully, while at the same time being mindful of not allowing the two experiences to merge. Having had the experience of becoming a mother I was able to be more connected to the material I was working with. I was also able to compare each mother's experiences with my own to see where the similarities and differences lay. The researcher in Van Manen's Lived Experience method is seen as a co-creator in the research process; where the meaning of the subjective experience is created through the researcher's immersion with the text. Van Manen believed that writing forces the researcher into a reflective attitude, which enables them to remain focused and deeply connected to the meaning of the phenomenon.

### 3.7. From Methodology to Interview Questions

The process of reflexivity enabled me to use my experience of motherhood to develop the interview questions.

In order to set a focus for the participants some basic directions would be given regarding how they should talk about and describe their experiences.

The research that I am undertaking aims to examine the experience of becoming a mother as it reveals itself through your own and others' personal experiences. You will be asked to reflect on your experience of becoming a mother, recalling specific thoughts, feelings and events. I am seeking vivid, accurate, and comprehensive portrayals of what these experiences were like for you, I am interested in your thoughts, feelings, and behaviours, as well as situations, events and people connected with your experience. The research method I am using is a qualitative one and through this I hope to capture a descriptive account of your experience.

Through discussions with my research supervisors it was then felt a broad opening question was needed to allow the mothers to talk about their experience from their own perspective and focus:

'I wonder if you can tell me something about your experience of becoming a mother'

Further ancillary or prompt questions were formulated to help the participants to remain focused on their experience but to enable them to look at their experience from another slant or angle.

- ❖ Has it been what you expected? Are you learning a lot?
- ❖ What does being a mother mean to you?
- ❖ What has it been like going from a woman expecting a baby to being a mother?

- ❖ Did you imagine yourself as a mother before your baby was born? How does your experience of motherhood compare to the one you imagined?
- ❖ Has becoming a mother changed you in anyway, and if so, in what ways?
  - Are there any aspects of yourself that haven't changed?
- ❖ What have you found easy or difficult in being a mother?
  - If you have had difficult times, did you manage to overcome them? What did you draw on?
- ❖ Are you very different from the way you were this time last year?

Other prompts were in the form of:

- ❖ What was that like?
- ❖ Can you tell me a bit more about that?
- ❖ Could you give me an example of that?

All the questions aimed to open up the discussion and help the mother explore her experience and to put it into words.

### 3.8. Validity

The validity of a piece of research is important as it concerns the way in which the research has been conducted and therefore the reliability of the findings. Lincoln and Guba (1989) talk about the *trustworthiness* of research, which they believe is comprised of four components; credibility, transferability, dependability and confirmability. These distinctions are more suited to a positivist research methodology; therefore a different view of what constitutes trustworthiness is needed for phenomenological research. McLeod (1994) highlights a number of ways in which phenomenological research can be trustworthy and therefore valid. He believes that there needs to be a clear description of the research

procedures so that others reading the research can see exactly what has taken place and how the findings were come by. For phenomenological research, which often stays at the descriptive level rather than developing a theory, the research needs to be contextualised so that it is understood that the knowledge acquired relates to a specific experience within a specific historical, cultural and societal context. A criticism of some phenomenological research is that what is found often merely confirms the assumptions already held by the researcher. McLeod suggests that in order to overcome these criticisms researchers need to consider competing interpretations of the data. The reflexivity of the researcher is also an important aspect of the validity of a piece of research; not only in how they are able to describe how they conducted the research, but how they overcame issues around, building rapport, encouraging disclosure, addressing the power balance. Another way in which the validity of the research can be assessed is how authentic or rich the material is. There are occasions where it is possible to ask participants to comment on transcripts produced for the research in order to gain feedback on its validity, but this is not always possible or desirable. Finally McLeod stresses that despite the small number of participants used for phenomenological research, the researcher needs to demonstrate that the findings are relevant and applicable to other cases.

For this research I have given a descriptive and reflexive account of the research process. In this way I hope the transparency of the research process and the openness of the analysis will demonstrate the trustworthiness of the research. Van Manen (1990) notes that one of the potential drawbacks of using this research method is its reliance on the art of writing, how well the researcher is able to capture the experience in the written word. This made me more mindful of how I was expressing and writing about the themes that I was highlighting. I initially tried to stay close to the words used by the particular mother and to use a transparent

method so that it would be possible to see how descriptions have been generated from the text. I also spent time writing and rewriting in order to express the themes in the best way possible. I also aimed to show that the findings were relevant within a specific historical, cultural and societal context.

## **3.9. Ethical Awareness**

### **3.9.1. Confidentiality**

All participants received an information sheet Appendix 8.3 containing details of the research study and a consent form Appendix 8.4 before the interview took place. To ensure that participants were able to give their voluntary informed consent they were told that the study and therefore their material would form part of a doctoral thesis and that the research is likely to be published in the future as either a journal article or part of a book. However confidentiality issues were addressed and participants were assured that any information they provided would be held in the strictest of confidence, their identity would be protected and any identifying information would be changed or disguised. The participants' identity would be protected both during the transcription process and the writing up of the research. Any distinguishing data, such as names and addresses would be kept separately from the digital recording and transcripts. Digital recordings and transcripts were password protected and participants were allocated a code for transcription and writing up. The transcription was undertaken by a professional who was briefed about confidentiality and security and files were also password protected and deleted as soon as the transcription process had been completed. Each participant was informed of this.

Participants were also informed that any digital recordings made of the interviews would be destroyed after the research had been completed. Participants were informed that they were able to withdraw from the study at any time and that they could request that their interview recordings be destroyed at any time, without having to give a reason. Participants were also provided with the contact details of an academic supervisor in case of any complaints or if further clarification was needed regarding the authenticity of the research.

### **3.9.2. Risks to researcher**

There were potential risks to the researcher as the interviews were taking place in the participants' homes. The researcher assessed any risks during a pre-interview telephone call to make arrangements with the participant and establish the locality, although it was felt that these risks were minimal. For the interview itself a local buddy was contacted just before the interview and then again after the interview to confirm that all was well. If no call had been received after two hours the local buddy had details of the researcher's location and could summon help. The researcher checked out each location before the interview to assess any potential risks.

### **3.9.3. Risks to participant including possible distress in interviews**

In terms of protecting the psychological welfare of the participants, they were told that they could stop the interview at any time. There was a small chance the participants would become upset by talking about their experiences, although this was not an issue for the mothers interviewed for this study. At the end of the interview each participant was given an opportunity to be debriefed about the research and the research process, a referral list of therapists was handed out at the end of the interview Appendix 8.5. The researcher explained



that the participants might like to continue talking about their experiences with a trained professional.

Participants' material was treated in a sensitive and caring way, as would any material brought by a client to therapy and they were given respect and appreciation for their contributions.

#### **3.9.4. Benefits**

In terms of beneficence, I hoped to publish the understanding I gained of the mothers' experience in the early stages of motherhood and this will have implications for counselling research practice.

### **3.10. Participants**

Adverts were placed in local antenatal and baby groups. Prospective participants were asked to telephone for further information and were then sent an information sheet Appendix 8.3 containing detailed information of what was required of them in terms of commitment and the nature of the study. They were also advised on confidentiality issues and their right to withdraw from the study at any time. A consent form was sent out at the same time as the information sheet. Once the participants were happy to take part in the study, interviews were arranged at mutually convenient times and places.

Eight participants were recruited to participate in this study. In order to be eligible to take part in the study, participants were first-time mothers whose babies were between 6 to 12 months old.

The rationale for choosing this sample group was that the study aimed to investigate the experience of the early stages of motherhood for new mothers and the process of becoming a mother. It was believed that the women in the sample group would have just undergone the experience and would therefore be more readily able to fully describe her experience and what it had been like for her to become a mother. At the same time these mothers would still have a clear memory of what they had been like before they became pregnant as a comparison to how they were feeling now. Ethical issues around how soon after the birth the mother should be interviewed were considered, particularly in relation to the mother's mental health and how she might feel about talking about her experience. As it turned out most of the mothers interviewed had babies that were almost a year old and so had come out of the difficult early stages of looking after a new-born baby. Each mother was made aware of what would be expected of her before the interview took place and that she could withdraw from the study at any time. I asked the mothers to read the information that I sent carefully and to think about what would be involved before confirming they would take part. In this way I hoped to give the mothers an opportunity to reflect on how the interview might have an effect and to withdraw if it was going to be too distressing. This however did not occur and all the mothers who expressed an interest in taking part did so after receiving the information.

### **3.11. Procedure**

Semi-structured interviews were conducted, varying between 44 and 54 minutes in length, with the remaining interviews falling between those two times. The interviews were taped, to be transcribed later. A small digital recorder was used, which the mothers were aware of, and it was placed either on a table or the arm of a sofa next to where I was sitting.

Interviews were conducted in the mother's own home so that the mother felt comfortable being in her own environment, but also for a practical purpose so that the interview could be arranged for when the baby was asleep, either during a daytime nap or in the evening, or when the baby was being cared for by another person. A couple of the interviews came to an end because the baby woke up and the mother needed to attend to them, however this happened towards the end of each interview and both mothers had all but finished talking about their experiences. The interviews had been planned around the babies' nap time and in these cases this determined the length of the interview. Interestingly the length of these interviews was of a similar length to the other interviews which did not end by the baby waking up.

The interviews were semi-structured using Van Manen's Lived Experience method described above. The interviews allowed the researcher time to explore the topic in detail and therefore semi-structured open-ended interviews were used. As the Lived Experience method involves a hermeneutic circle and meaning is co-created in the research process, researcher bias is not seen as a problem but is actually used to facilitate levels of meaning and understanding.

The disadvantage of using this technique is the time taken in collecting and analysing the information. Another disadvantage is that the quality of the information is largely dependent on the rapport and trust established between the interviewer and interviewee. If there is an element of trust then the interviewee will be able to describe more openly their experience.

In order to build some trust and rapport before the formal interview started I talked generally to the participant, telling them something about myself, my work and my studies. This part

was not recorded, as it usually occurred as we were walking from the front door to the room in which the interview took place. I also talked about the fact that I was a mother of two small children and gave my children's ages and explained that my experience of becoming a mother had led me to conducting this research. I was careful not to give any detail of what my experience had been as I did not want to colour the participants' experience with my own experience. I did not explore how it was for the participants to hear this and on reflection it may have had an impact on how open they were to disclosing more difficult feelings they had around motherhood and being a mother.

Some basic directions, as stated in section 3.7, were then given regarding how they should talk about and describe their experiences. These directions were in line with Van Manen's suggestions and aimed to help the mothers' frame how they talk about their experience and also to encourage them to include their feelings and other senses in their descriptions. The directions also aimed to encourage the mothers to try and describe their experience from the inside as if it was happening at that moment.

Each interview then continued with the opening question, 'I wonder if you can tell me something about your experience of becoming a mother'. Further prompt questions were asked when each topic of discussion had been fully explored and described. The prompt questions were not necessarily used in the order in which they appear in section 3.7 as I was guided by the topics already covered in the interview and by the focus the participant had given in her description of her experience.

The focus of the interview was for the participants to be directed towards describing their experiences and therefore ancillary questions such as *what* and *how* they experience

motherhood were used, rather than *why* they had this experience, i.e. What did you experience? What was it like for you? For example:

M5 *Like you go through the motions and you deal with the pregnancy and then you deal with having a baby and you feel like you're in a permanent state of shock and it honestly only feels like now that I can relax and enjoy B11 and I just got used to saying that I'm a mum and it still feels a bit weird. A year's quite a long time.*

CAB *What feels weird about saying you're a mum?*

Or

M4 *Well obviously it's changed us cos our priorities are different but I think it's changed for a good thing. All our attention is on her and the focus is all about her and its lovely.*

CAB *And how do you feel that they have changed?*

Van Manen posits that 'the art of the researcher in the *hermeneutic interview* is to keep the question (of the meaning of the phenomenon) open, to keep himself or herself and the interviewee oriented to the substance of the thing being questioned' (1990 p.98). He goes on to quote Gadamer (1975 p.330) that 'the art of questioning is that of being able to go on asking questions, i.e. the art of thinking' (In Van Manen, 1990 p.98). This type of questioning is very similar to the way in which I would approach my clinical work with clients, helping them to open up and to describe in detail their experiences, by giving examples and including their feelings, emotions and thoughts; with the emphasis being on description rather than explanation at this stage.

During the interview I tried to keep as open and as focused on the mothers' experience as I could. I was often aware of thinking, 'this is really interesting', but was able to resist solely

focussing on this aspect but allowing the mother to explore fully all aspects of her experience. I tried to stay with what the mother was describing and to help her to fully describe and focus on that particular aspect. For example:

M6 *Yeah, and I think straight away, you know, your mum, that's what my mum did and I looked to her for everything and now he's actually going to be like that with me. It's quite awesome. It's fine, I'm fine about it but it's a huge responsibility that I hadn't thought about fully before we had him.*

CAB *And when you say it's quite awesome, what do you mean by that?*

M6 *It's, it's huge. That's what I mean. And there's no way to describe how that feels until you're in it, you know.*

When I felt that there was no more to say because the mother had fallen into silence or that it had seemed that the experience had been fully described, I went onto another of the prompt questions which hopefully lead on from what the mother had been previously describing but would give a different perspective on her experience. There were occasions when the mother mentioned something in passing while describing an aspect of her experience which seemed relevant and worth exploring and I would find a way of bringing that back into the interview to be explored. Each interview was conducted in this way.

After the end of each interview I thanked the participant and gave her an opportunity to be debriefed. I took some brief details regarding her age, the age of her child and information about the context in which she was living, her relationship and employment status as well as her ethnicity, see Table 4.1 in Chapter 4. These details gave the research data a context. On reflection further details on the mother's situation and background may have been warranted, which would have helped to situate and contextualise the data and form more of a case

background for each mother. Information on the mother's family set up, the number of siblings and whether her parents were together would have provided an insight into her own experience of being mothered. Information on the mother's experience of the birth and infant feeding may have also shown how this impacted on her experience of being a mother. Finally information on the mother's mental health would also have been useful to know and may have put any difficulties the mothers experienced into perspective. For any future research this level of detail and background knowledge would be useful.

As part of the debriefing I also gave them an opportunity to talk about how they had experienced the interview and the process of talking about their experience of motherhood. Each mother was given a Debriefing Sheet Appendix 8.5 which contained a small referral list of possible resources they could call on if they needed or wanted to talk about their experience further. The participants were also reminded about their rights to withdraw from the study at any time.

### **3.12. Method of Analysis**

Each interview was transcribed from the digital recording by a professional transcriber. As mentioned above care was taken over ensuring confidentiality and in fact one of the interviews was transcribed by the researcher as there might have been a possible conflict of confidentiality for the transcriber, as the mother and transcriber had a mutual friend. Although this did not appear to have any effect on the analysis as each transcript was read and checked by the researcher once it had been transcribed and minor changes made where words had not been heard for example. Each transcript was allocated a code before being sent to the transcriber which consisted of the letter M, to denote Mother and then a number to

refer to the interview. In this way the confidentiality of the mothers was maintained. To further protect the confidentiality and identity of the mother and her family, her baby was allocated a code, either a G for a girl or B for a boy and then a number which represented the number of months old the baby was. For example M2 had a child G11, who was a girl of 11 months of age. The father's name was also taken out of the text at the transcription stage and replaced with [father]. There was some loss of confidentiality as the transcriber would hear the child's and the father's name being spoken but it was hoped that the steps taken would minimise any potential risk to the mother.

Once the transcripts had been received I listened to the recording while reading the transcript to ensure accuracy and to make any amendments where necessary.

The analysis centred on generating themes; this process of locating themes is dependent on the researcher's relationship with the text. As Langdrige states hermeneutic phenomenological research recognises 'the important role of the analyst in the co-construction of meaning' (2007 p.123).

Van Manen (1990) suggests three methods of approaching the data in order to isolate 'thematic aspects of a phenomenon'

1. the wholistic or sententious approach
2. the selective or highlighting approach
3. the detailed or line-by-line approach

(1990 p.92-93)



Each method varies the depth of the analysis. For the wholistic approach, Van Manen suggests trying to capture and express the main meaning or significance of the whole transcript in one sentence. For the selective approach Van Manen suggests seeking out various statements or phrases in the text that are either ‘essential or revealing about the phenomenon or experience being described’ (1990 p.93). The final approach involves the most detailed examination of the text, by looking at each individual sentence and asking ‘what does this sentence or sentence cluster reveal about the phenomenon or experience being described’ (1990 p.93).

Van Manen does not advocate using all three methods for each transcript. Rather the researcher assesses which method might be most appropriate. Langdridge (2007 p.123-4) suggests that combining the wholistic approach with either of the other two would achieve a balanced view of the transcript, a reading of both the whole and the parts. Van Manen states that ‘the task is to hold on to these themes by lifting appropriate phrases or by capturing in singular statements the main thrust of the meaning of the themes’ (1990 p.93). Van Manen also suggests reflecting on the transcript and seeking out what he calls ‘fundamental existential themes’ or ‘lifeworld existentials’. He believes that all phenomenological research is really examining or looking at the structure of the human lifeworld. Van Manen has highlighted four fundamental existential themes or existentials which seem present in all phenomenological human science research and these are ‘*lived space* (spatiality), *lived body* (corporeality), *lived time* (temporality) and *lived human relation* (relationality or communality).’ (1990 p.101). These existentials can be used to further seek out meaning and will be discussed in more detail in section 3.12.2.

The next step in Van Manen's method, once a list of themes have been generated is to distinguish between *universal* themes, i.e. themes that have a general meaning across the group and *particular or incidental themes* which are themes that are specific to that person or situation (Van Manen, 1990). Van Manen uses free imaginative variation for this, he asks 'Is this phenomenon still the same if we imaginatively change or delete this theme from the phenomenon? Does the phenomenon without this theme lose its fundamental meaning?' (1990 p.107).

It is worth remembering Van Manen's point that 'experiential accounts or lived-experience descriptions – whether caught in oral or in written discourse – are never identical to lived experience itself' (1990 p.54). For Van Manen, the way in which the research is analysed and written up is just as important as the research itself. Van Manen talks about how research is a 'linguistic project' and that the art of writing 'fixes thought on paper', makes something that is internal, external and also presents the research in a certain way that others will reflect upon it from a certain standpoint. For Van Manen writing is at the very core of any piece of human sciences research. For this piece of research I was mindful of how I used language and how I attempted to capture the experiential account in the written form, what words I used and how I expressed the meaning I perceived.

The process of the co-creation of meaning started during the interview when I encouraged the mothers to describe their experience as fully and as openly as possible. At the same time I kept an open mind regarding the possible meanings of the phenomenon being described. This process of the researcher being open and encouraging further elaboration and exploration, allowed for meaning to be co-created. The meaning developed out of the interactions between the researcher and the participant during the interview. Meaning was

further co-created during the analysis stage when I interacted with the text. Again remaining open to possible meanings I allowed myself to become immersed in the text and to reflect upon the phenomenon being described. During this process of dialogue, between the researcher and the text, understanding gradually emerged.

There was a further level in which meaning was co-created during the existential analysis. This level of analysis required further reflection and a dialogue between the researcher and the individual themes. The reflection and dialogue focussed on the existential lifeworlds or dimensions that may be represented by the themes and again further understanding and the meaning of the phenomenon emerged during this reflection.

The process of the co-creation of meaning requires the researcher to be open and questioning in their approach. It also requires the researcher to be self-reflective both in their interactions with the participants but also in the dialogue they engage in with the text.

### **3.12.1. Analysis Procedure**

Each transcript was analysed one at a time in the same way and followed the procedure set out below. The transcript was read several times so that I was intimate with the text and I also listened to the recording to become tuned in to the parts of the interview that cannot easily be transcribed, such as the strength of feeling or emotions, i.e. the emotional communication. For the purpose of this research it was felt that the wholistic and the selective approach to working with the text were most appropriate. The selective approach would highlight the different aspects that were important for each particular mother in her experience of becoming a mother. The wholistic approach would sum up each mother's

experience in one sentence and therefore bring together all the aspects or themes to produce an overview.

Van Manen describes themes as being the experience of meaning and how the experience of a phenomenon can be captured. Van Manen does recognise however, that themes are at best a simplification and that we cannot fully capture the experience of a phenomenon. He believes that themes can give a phenomenon a shape and can describe its content but that a theme will also represent a reduction as the full meaning is impossible to grasp.

#### **3.12.1.1. Selective Approach to Theme Detection**

*“Themes are the stars that make up the universes of meaning we live through”*

*(Van Manen, 1990, p.90)*

Starting with the selective approach I went through each transcript highlighting sections which seemed relevant to the mother’s experience. Sections were chosen which seemed to give examples of the mothers experience or expressed some feeling or thinking about her experience. These sections were then cut and pasted into a table Appendix 8.6. It often felt that the whole of the transcript was being highlighted, so I tried to highlight those sections which seemed to capture something important about the experience. During this step I left the wording exactly as it was found in the transcript, for example:

*I just sort of think, mothers just seem more established as sort of being in control and being authoritative with children and things*

The second step was to take each highlighted section and arrange them in clusters, so that sections that seem to relate to a certain aspect were grouped together. Each group was then given a tentative theme title. For example the following sections from M2’s transcript were grouped together under the title of ***not feeling like a mother***.

*In a way I don't feel like I am a mother. Because I think being a mother is what other people are and, I don't know, almost, obviously I love G11 to bits and sort of have days when I look at her and think "you're just amazing!" but I still don't really feel like, I don't know, a mother is, you have connotations on what a mother is and I don't feel like that.*

*I just sort of think, mothers just seem more established as sort of being in control and being authoritative with children and things*

*but I can't really associate with that name, that label.*

*that just took me a while to I think, grow into that name. Umm. Yeah, it was almost like a label that I couldn't really associate with um, but having G11 to bring up and grow and develop is amazing. I dunno, I don't, I just sort of in a way focus on what's happening now rather than reflecting on it. When I sort of think back and reflect on events, so birth and all that um, and just being pregnant and stuff, but I don't really think about ok, being a mother and that whole big concept of it. It just, I don't know, it seems a bit big and alien to me.*

*just get on with life and do stuff and things.*

*I don't feel attached to that phrase yet. Um, dunno, maybe that's just more when you start to, when she starts to have friends and people sort of say oh G11's mum and things like that. But at the moment, I just feel like me still, and you know, we've got this amazing little person.*

At this stage the wording remained as it appeared in the transcript. Each section was then taken and rewritten in as few sentences as possible. It was written in such a way that the most important things were being expressed. For example the above sections were rewritten as these sentences:

*I don't feel like a mother, being a mother is what other people are. I look at G11 and think you are amazing but I don't feel like a mother. You have connotations of what a mother is and I don't feel that.*

*Mother's seem more established and being in control and being authoritative.*

*I can't really associate with that name, that label*

*Just took me a while to grow into that name. Having G11 to bring up and grow and develop is amazing. Focusing on what's happening now rather than reflecting on it. When I think about being pregnant and the birth and other events, the concept of being a mother seems a bit big and alien to me. I just get on with life and do things. Not attached to the phrase mother, maybe when G11 has friends and they say G11's mum.*

*At the moment I still feel like me and we've got this amazing little person.*

During this stage of rewriting I tried to keep close to the language used by the mother in an attempt to keep close to the meaning.

The final stage of this step was to express the theme *Not feeling like a mother* in one paragraph, which brought together all the important aspects expressed by the mother and which related to that particular theme. As Van Manen states 'Phenomenological themes may be understood as the *structures of experience*' (1990 p.79).

*I don't feel like a mother, being a mother is what other people are. Mothers are more established, in control and authoritative. I can't really associate with that label. I am focusing on what's happening now rather than reflecting on it. I just get on with life and do things. At the moment I still feel like me and we've got this amazing little person.*

In this final stage I did alter the language to try and bring together all the aspects that related to this theme in a meaningful way. This process was carried out for all the theme clusters identified and were then summarised in a table Appendix 8.7.

Step 2 involved a lot of work, writing and rewriting and also reading through the section and going back to the original transcript and reading the full text of that section in order to make sure that what was being expressed, was truly as the mother described.

Step 3 involved a lot of thinking and reflecting upon the paragraph produced at the end of Step 2. I was trying to get a real understanding of what it is like for that particular mother to 'not feel like a mother', what was it about her experience of motherhood that lead her to express it in that way. Therefore at the end of Step 3, the paragraph in Step 2 was further refined to;

*Feeling mothers are more established and in control means it is difficult to associate with that label. The focus is on what is happening now and doing things rather than reflecting.*

The table that was produced Appendix 8.8 at the end of Step 3, set out all the identified themes and their corresponding paragraph or sentence. The aim was to create a statement for each theme which was succinct but which captured the essence of the experience.

Each transcript was analysed in the same way and therefore at the end of the analytic process eight tables had been produced which expressed the specific themes that came up and were expressed for each individual mother.

#### **3.12.1.2.      *Identifying Subordinate and Universal Themes***

Having identified the mother specific themes I looked at whether there were any subordinate and universal themes that had come up for all or most of the mothers. I approached this part of the analytic process in the same way as identifying the original themes. The themes for each mother were examined and clustered together with those from the other mothers to see if they seemed to be expressing something similar. Inevitably there would be some themes that would be specific to that particular mother and these were put to one side. For example the theme *Not Feeling like a mother*, was expressed by 7 out of the 8 mothers. These themes were brought together and a subordinate theme was written to encapsulate the experience of all the mothers.

## Not feeling like a mother (7)

M1	But I also feel I'm not feeling what I'm supposed to be feeling as a mother. Consciously I don't feel different but he is the main thought of my life, what else do I think about or do? But it is in the background, I'm not aware of it. But when I sit and think about it, he is there and I can't imagine life without him.	<p><b><u>Subordinate Theme</u></b></p> <p><b>First time mothers do not associate with the image they have of being a mother.</b></p> <p><b>Their experience and feelings do not match up with their expectations of how they should feel.</b></p>
M2	Feeling mothers are more established and in control means it is difficult to associate with that label.	
M3	I wondered if I would become more nurturing, more motherly. Motherly is something that other people do more than me. Being more protective and following them round and worry but I let G11 get on with it and be independent. I thought I might change, soften, become more tactile or more 'kissy, kissy', but I didn't.	
M5	It feels weird calling myself a mum because the media portray mums as being frumpy which I don't associate with as I feel young and energetic not mumsy. The media image of mumsiness is overused and nauseating and I hate it.	
M6	I don't want to be just a mum, it's important not to just revolve around your children but to have other interests.	
M7	My biggest obstacle was accepting being a kept woman and overcoming my own stigma that stay at home mums were inferior or lazy. The awkwardness when asked what it was like being a mum was because of my pre-conceptions and I had to adjust my thinking that being a mum wasn't a weakness. But I didn't want to miss anything and couldn't trust anyone to look after B14.	
M8	People think stay at home mums have it easy with time on their hands to do housework. I'm not that type of stay at home mum because I'm never in and I want to be out giving B9 lots of experiences which I can't do at home. I'd rather pay for a cleaner than to take time away from interacting with B9.	



I considered how best to express the specific themes into one universal theme, keeping in mind Van Manen's description;

“In determining the universal or essential quality of a theme our concern is to discover aspects or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is.” (1990 p.107).

During this part of the analysis I felt that some of the subordinate themes were interconnected and were expressing different aspects of a similar theme. I therefore further collated these themes together under an overall heading which became a major universal theme. For example the theme *Not feeling like a mother*, became one aspect of the **Motherhood Identity** major universal theme, with the remaining subordinate themes being, *Adopting a motherhood identity*, *Not feeling different* and *Important role*.

### **Motherhood Identity Theme**

Not feeling like a mother	First time mothers do not associate with the image they have of being a mother. Their experience and feelings do not match up with their expectations of how they should feel.
Adopting a motherhood identity	Becoming a mother involves taking on a motherhood identity. It is a big transition, adjusting your view of yourself so that your baby is constantly in the foreground of your life.
Not feeling different	Expecting to feel different but feeling the same but being a mother as well.
Important role	Being a mother is an important and worthwhile role. To have the opportunity to raise and develop a child who will be part of society is a big privilege.

### 3.12.1.3. *Wholistic or Meta-Analytic Approach*

During the analysis it was felt that while the universal themes could tell us something about the universal experience of motherhood as expressed by the mothers interviewed, the analysis took away something of the individual experience of each mother. Van Manen (1990) suggests that there are three ways in which the analysis can be undertaken, a wholistic approach, a selective approach and a detailed line-by-line approach. A selective approach has been used to highlight the universal themes expressed by the mothers in this research; but in order to grasp the individual experience of the mother a wholistic approach is also necessary.

I undertook a wholistic approach to the analysis by undertaking a meta-analysis of the mother's experience, i.e. to look at each mothers' experience and compare it to the other mothers in the study. I was interested in how each mother approached becoming a mother which wasn't made explicit during the selective approach. To conduct this meta-analysis I went back to the transcript and the themes generated for each mother and wrote a short paragraph to express how each mother approached motherhood (Table 4.3 below).

### 3.12.2. *Van Manen's Lifeworld*

As an existential counselling psychologist and psychotherapist I was particularly interested in examining the existential dimension of the research. Van Manen's focus on the Lifeworld existentials was another reason why this particular research method was chosen: Van Manen uses the lifeworlds as a way of reflecting on the experience being captured by the research. He identifies what he considers four fundamental existential themes, that of *lived space* (spatiality), *lived body* (corporeality), *lived time* (temporality) and *lived human relation*

(relationality or communality). Van Manen sees these existentials as belonging to the structure of the lifeworld as written about by existential philosophers such as Merleau-Ponty.

*Lived space* is described as felt space, how we feel about the space that we are in, whether that makes us feel small, alive, free or exposed, how we move through the world and where we feel at home.

*Lived body* refers to the fact that we exist in the world in a bodily way. As we are embodied we meet others primarily through our body and so our physical or bodily presence will reveal or conceal something about ourselves.

*Lived time* refers to our experience of time, whether we feel that time is going past quickly or slowly. It also refers to our temporal way of being in the world and how we consider the past, present and future.

*Lived other* is how we relate to others, not just those who are family and friends but people we pass in the street or people we hear about.

These four existentials make up the lifeworld and cannot be separated. The lifeworld existentials can be used to reflect upon the text of the research: how is time and space experienced, how are the participants embodying the experience and how are they relating to others.

During the analysis of the individual themes I attempted to place each theme within a lifeworld, according to what it was attempting to express. I found that a number of the

themes did not ‘fit’ into any of the lifeworlds as described by Van Manen; particularly those themes which related to the mothers sense of self and identity and how she thought about and reflected upon her experience. I then referred to Binswanger’s (1946) ‘worlds of existence’ to see if his formulation would provide a way of encompassing all the themes.

### *3.12.2.1. Worlds of Existence – Umwelt, Mitwelt, Eigenwelt and Uberwelt*

Ludwig Binswanger was a psychiatrist who was interested in Heidegger’s concept of Being-in-the-world: that rather than being isolated subjects, individuals are always in connection or relationship with the world and others. In particular Binswanger was interested in Heidegger’s notion of *Mitsein*, or being-with which he believed was a fundamental aspect of human existence. He was also interested in Von Uexküll’s biological world-concept. Von Uexküll proposed a structure which distinguished between the inner or perception world of an animal (*Merkwelt*) and the environment in which the animal lived (*Umwelt*). Binswanger developed his own framework to describe the basic dimensions of human existence, by combining the theoretical ideas of Heidegger and Von Uexküll. Binswanger aimed to use this framework in his work with patients and as an alternative to the psychiatric classification of the medical model. Binswanger describes three different ways of being in the world,

“This *materialité* of the world-design, originating from the ‘key’ (*Gestimmtheit*) of the existence is by no means confined to the environment, to the world of things, or to the universe in general, but refers equally to the world of one’s fellow men (*Mitwelt*) and to the self-world (*Eigenwelt*)” (1946 p.212).

Later Rollo May clarified Binswanger’s world views. He elucidated that the *Umwelt* was the ‘world around’, and it related to the biological world and the environment. The *Mitwelt*, May contended, was the ‘with world’ or the world of others, and the *Eigenwelt* represents the ‘own world’ or the world of the self (1983 p.126).

The *Umwelt* represents the world that we are thrown into. *Throwness* is Heidegger's concept to describe the way in which we belong to a world that existed before our birth and over which we have no control. This world includes our relationship to our physical environment; it is also the world of our biological drives, impulses, senses and our awareness of our bodily needs.

The *Mitwelt* represents the social dimension of existence. Heidegger's concept of *Being-with* elucidates that an aspect of being human is that we are always in relationships with others. This world also includes the other ways in which we relate socially, such as to our culture, society and our language.

The *Eigenwelt*, which is missing from Van Manen's lifeworlds, is the world of the self or the personal dimension. This world is about our relationship with the self and with intimate others. It also includes our feelings, thoughts and character traits. The *Eigenwelt* is where human beings create a sense of who they are.

A fourth world of existence, the *Überwelt*, was added by Van Deurzen and it represents the spiritual dimension. This dimension has been implied in the work of Kierkegaard (1844), Buber (1923), Jaspers (1951) and Tillich (1952). This dimension represents the world of our values and beliefs, our ideal world. It is the world where we create meaning and make sense of our lives.

These worlds of existence share a similarity to Van Manen's lifeworlds, and in fact preceded his formulation, in that they are trying to represent something about the fundamental nature of human existence. Like Van Manen's lifeworlds the worlds of existence are interconnected

and interrelated, however they do bring in the personal dimension, which is missing in Van Manen's lifeworld formulation; i.e. how we relate to ourselves in a psychological rather than an embodied way.

Although Van Manen suggests using an existential reflection on the research text, he sees it as just one way in which to conduct the research and warns against slavishly following a particular method. Van Manen is quite open for other ways of organizing or reflecting upon the text to be invented. His proviso is that whichever textual approach is used, it should be decided upon in terms of the phenomenon being investigated. With this in mind I decided a combined existential approach was needed which added Binswanger's *Eigenwelt*, the personal dimension to Van Manen's four lifeworlds. This approach was adopted because many of the themes that had been identified had a personal dimension to them whilst also falling into one of Van Manen's four lifeworlds. For example how mothers experience themselves becoming mothers can be seen from a Lived Time perspective, as becoming a mother is something that happens over time but the fundamental changes that occur through this process to a mother's sense of herself and how she thinks about herself are very much to do with the personal dimension.

The aim of the research was to explore the process of becoming a mother from an existential perspective. Therefore I wanted to further analyse the themes in terms of which life world was most relevant and how the life worlds can lead to a greater understanding of the mothers' experiences.

Once all the themes had been generated I reflected on them, first from the perspective of Van Manen's life worlds and then from the perspective of Binswanger's worlds of existence. For

each theme I highlighted which of Van Manen's life world it was most relevant to. As mentioned previously there were some themes which did not relate to any of Van Manen's life worlds, such as 'motherhood identity'. I then looked at the themes again from the perspective of Binswanger's worlds of existence to ascertain which were most relevant. In some cases the themes seem to express aspects which came under more than one world. For example the theme 'developing a relationship with the baby', could be seen in terms of relationship in the social dimension but there was also an element of how that relationship affected the mothers' sense of themselves. Therefore this theme would come under both the *Mitwelt* and the *Eigenwelt*.

Each theme was analysed from both perspectives and Table 4.2 in the next section shows the themes with their relevant existential dimensions. The existential dimensions elucidated allowed for a deeper reflection on the theme. It also meant that the themes were considered from an alternative perspective and gave a richer understanding to the participants' experience.

## 4. Findings

### 4.1. Introduction to the Findings

The purpose of this research was to explore the experience of becoming a mother for the first time. Throughout the process of analysis I undertook a reflective interpretation of the text, setting my preconceived ideas to one side and visiting the text anew to gain a fuller and more meaningful understanding (Moustakas, 1994). Using the method of analysis described in the methodology section 3.12 led to the identification of 27 subordinate themes which were clustered into seven major and one minor universal theme. The seven major universal themes were *being with others*, *developing a relationship with the baby*, *living in time*, *the unknown*, *life is different*, *challenging expectations* and *motherhood identity*. Each major universal theme was made up of between one to four subordinate themes that had been experienced by at least four of the mothers. The minor universal theme was *Overcoming difficult times*, which was only expressed by three out of the eight mothers.

### 4.2. Demographic Data

Some demographic data was obtained from the mothers as part of the debrief, in order to place the research in a particular context (see table 4.1).

This data shows that the mothers interviewed came from a somewhat homogeneous population in that they all described themselves as being White and British and they were all married and living with the father of their baby. The mother's ages were also in a similar age range, between 32-39 years and all of them had been working prior to having their baby.



The mothers interviewed did differ regarding whether they had returned to work after the birth of their baby. Three of the mothers had chosen to give up work to look after their babies, while a further three had returned to work but on a part-time basis. The remaining two mothers had returned to work on a full-time basis. No differences were found in the themes between those mothers who returned to work and those that didn't.

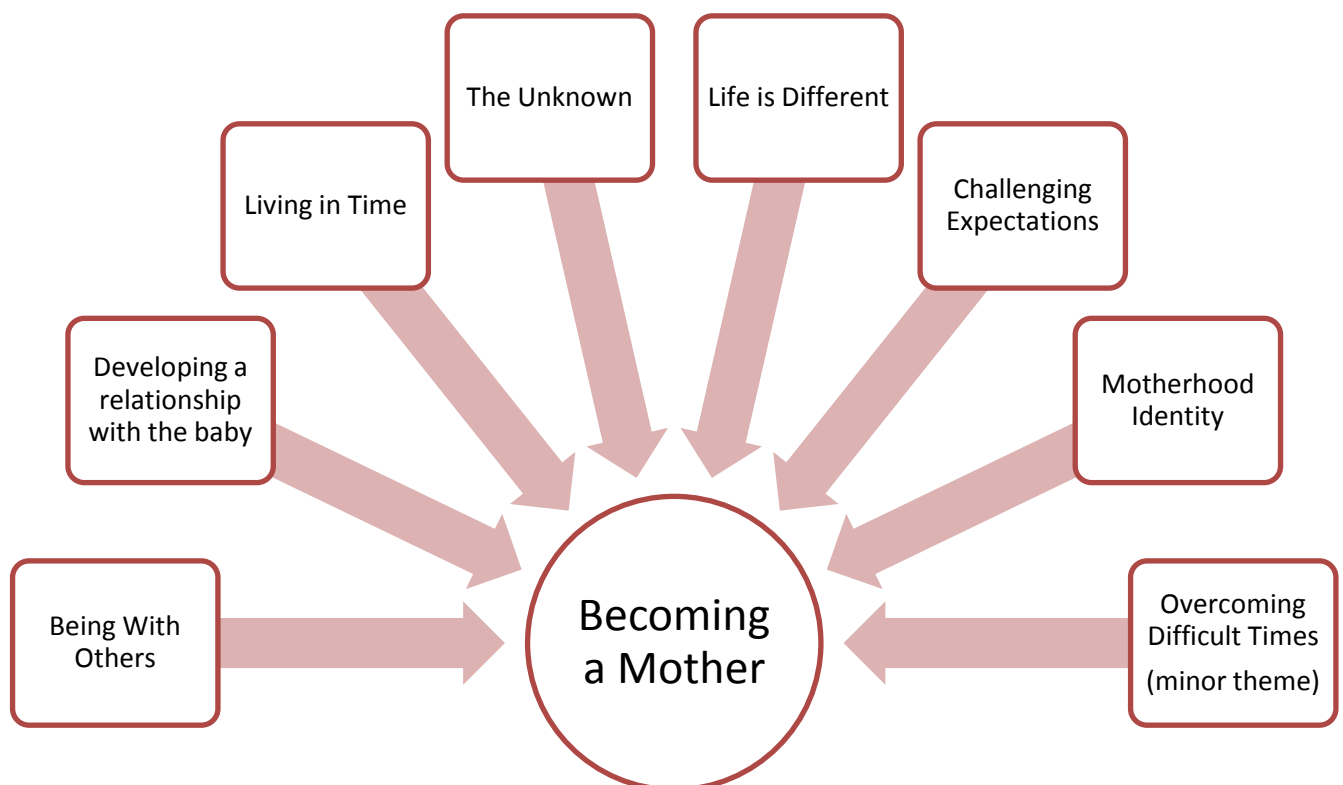
Again although the mothers interviewed predominately had male babies, five boys and three girls, no difference was found in the themes due to the sex of the baby.

**Table 4.1 Further Information about the Mothers Interviewed**

<b>Mother Code</b>	<b>Age at Interview</b>	<b>Sex and Age of Baby</b>	<b>Relationship Status</b>	<b>Employment Status</b>	<b>Ethnicity</b>
<b>M1</b>	39	Male 12 Months	Married living with father	Working Part-time	White British
<b>M2</b>	37	Female 11 Months	Married living with father	Working Part-time	White British
<b>M3</b>	34	Female 11 Months	Married living with father	Working Full-time	White British
<b>M4</b>	36	Female 12 Months	Married living with father	Working Full-time	White British
<b>M5</b>	34	Male 11 Months	Married living with father	Working Part-time	White British
<b>M6</b>	35	Male 11 Months	Married living with father	Not Working	White British
<b>M7</b>	35	Male 14 Months	Married living with father	Not Working	White British
<b>M8</b>	32	Male 9 Months	Married living with father	Not Working	White British

### 4.3. Themes

Seven major universal themes were identified through the process of the hermeneutic phenomenological analysis. For the majority of the major universal themes at least seven out of the eight mothers had expressed a theme in each cluster. There was also a minor universal theme *Difficult Times* which was expressed by only three out of the eight mothers. All the themes encapsulated the experience of the participants in becoming mothers and demonstrate the complexity of this transition for first-time mothers. Each major and minor universal theme will be discussed in turn and illustrated with verbatim material from the mothers themselves, an existential perspective will also be sought and the themes will be discussed in light of Van Manen's lifeworlds and Binswanger's Worlds of Existence.



**Table 4.2 Universal Themes Table**

Major Universal Theme	Universal Theme		Existential Dimension	
<b>Being with Others</b>	<i>The importance of support</i>  (M1, M2, M3, M4, M5, M6, M8)	Having the support of other people is really important. It enables mothers to share their experience and to put it into perspective. They feel less isolated and are more able to keep going. The support gives them a distraction but they also get reassurance.	Sociality (lived relationship to others)	Mitwelt
	<i>Understanding others</i> (M3, M6, M8)	Having a baby has meant more understanding and respect for other people's experience.		
<b>Developing a relationship with the baby</b>	<i>Being ready for a baby</i>  (M3, M4, M6, M8)	Making the choice to have a baby meant that mothers are ready and more open to make adjustments in their lives to accommodate their baby.	Sociality (lived relationship to others)  And Corporeality (lived body)	Mitwelt & Eigenwelt
	<i>Learning together</i>  (M1, M2, M6, M7, M8)	Even though communication with the baby is limited you realise you do actually know them. It is very subtle, you learn together by being with the baby all day and constantly searching for answers.		
	<i>Gradually changing</i>  (M2, M3, M5, M6, M7, M8)	Each new thing is another little step and as the baby changes the mother changes too, gradually becoming more confident.		
	<i>Building a good relationship</i>  (M2, M5, M6, M7, M8)	Experiencing so much together builds a good relationship. It comes from always being there to look after and love the baby as well as getting to know all about them.		
	<i>Getting something back</i>  (M1, M3, M4, M5, M6)	Getting something back from the baby is very rewarding. It shows that there is a two way process and that the baby knows and recognises who its mother is.		

Major Universal Theme	Universal Theme		Existential Dimension	
<b>Living in time</b>	<i>All-consuming</i>  (M1, M3, M5, M6)	Having a baby takes up all your thoughts. It is all-consuming and tiring constantly thinking about the baby, you live hour by hour and it is sometimes difficult to see a way ahead. You just get on with it, but the constancy means there are no breaks, no time for your own needs and no time to reflect and think.	Temporality (Lived Time)  And  Spatiality (Lived Space)	Umwelt & Eigenwelt
	<i>Never ending</i>  (M3, M6, M8)	Being a mum every day is relentless and can often feel never-ending. You can't prepare for it and you can't have a break because you wouldn't want anyone else to do it but the constant decision making is hard.		
	<i>Living in the present</i>  (M1, M2, M6, M7)	You live in the present when you have a baby; life is more immediate as you are living day to day. Time has no concept as you live in 3-4 hour cycles. Being so fully rooted in the present makes it difficult to look back and remember earlier stages or what you have learnt.		
<b>The Unknown</b>	<i>Not knowing</i>  (M1, M4, M5, M6)	Having a baby means entering into the unknown. It is a case of not knowing and finding your way, wanting to do the right thing but not knowing what that is.	Spatiality (Lived Space)	Überwelt & Eigenwelt
	<i>Searching for answers</i>  (M3, M4, M7, M8)	As a mother you search for answers, reading and questioning but in the end you have to work it out on your own.		
	<i>Responsibility</i>  (M1, M3, M4, M5, M6)	As a mother you realise that it's a big responsibility to make all these decisions, that you are responsible for everything and that every decision has a consequence. It can feel daunting and weird but you have to accept it and deal with it.		
	<i>Worrying</i> (M3, M5, M6)	There is constantly something to worry about as everything is new.		

Major Universal Theme	Universal Theme		Existential Dimension	
<b>Life is different</b>	<i>Nothing prepares you</i>  (M2, M3, M4, M7)	Even knowing life would be different nothing prepares you for the reality of having a new baby. It is nothing like you expect and you can feel forever vulnerable. It became easier once you surrender yourself to the experience.	Spatiality (Lived Space)  And  Temporality (Lived Time)	Überwelt & Eigenwelt
	<i>Life before doesn't exist</i>  (M1, M2, M4)	It's hard to imagine what life was like before, life has changed forever, it's the end of a chapter but the beginning of something new.		
	<i>Life is different</i>  (M1, M3, M5)	Life is different with a baby; it's a whole new world with new skills to learn and the baby becomes a big part of a mother's life as it is the main thing she does.		
	<i>Shock</i>  (M2, M5, M8)	Some mothers find the experience a shock and it takes a while to process what has happened.		
<b>Challenging Expectations</b>	<i>Expecting hard work</i>  (M1, M3, M5)	There was an expectation that looking after a baby would be hard work but it was difficult to imagine how hard it would be until going through it.	Spatiality (Lived Space)	Überwelt
	<i>The surprise of feeling confident</i> (M1, M2, M3)	Being surprised at being able to cope and be confident.		
	<i>Feeling out of control</i> (M2, M3, M5)	Feeling out of control means shifting your expectations and learning to let go.		
	<i>New purpose in life</i>  (M2, M4, M7)	Having a baby changes your priorities, the baby becomes the focus and you gain a new purpose in life.		

Major Universal Theme	Universal Theme		Existential Dimension	
<b>Motherhood Identity</b>	<i>Not feeling like a mother</i>  (M1, M2, M3, M5, M6, M7, M8)	First time mothers do not associate with the image they have of being a mother. Their experience and feelings do not match up with their expectations of how they should feel.		Eigenwelt
	<i>Adopting a motherhood identity</i>  (M5, M6, M7, M8)	Becoming a mother involves taking on a motherhood identity. It is a big transition, adjusting your view of yourself so that your baby is constantly in the foreground of your life.		
	<i>Not feeling different</i> (M1, M3, M8)	Expecting to feel different but feeling the same but being a mother as well.		
	<i>Important role</i>  (M1, M3, M4, M5, M6, M8)	Being a mother is an important and worthwhile role. To have the opportunity to raise and develop a child who will be part of society is a big privilege.		
<b>Difficult times</b>	<i>Overcoming difficult times</i> (M4, M5, M7)	Overcoming difficult times needs resilience, conscientiousness and a focus on the positives; a sense of humour helps!		Eigenwelt

#### 4.3.1. Being with Others

Support from other people, whether from other mothers who were going through similar experiences or from family and friends, was extremely important to the mothers interviewed for this study. Seven out of the eight mothers expressed this theme. The mother who did not express this theme seemed more self-reliant than the other mothers interviewed. She was also the mother who felt differently from other mothers and so may have found being with other mothers counterproductive as she felt her views on motherhood differed from theirs.

There were two aspects to this major theme, the first concerned how other people supported the mother in her new role and gave her encouragement and knowledge. The other aspect concerned how becoming a mother changed her relationships and understanding about other people.

#### 4.3.1.1. *The Importance of Support*

Having the support of other people is really important. It enables mothers to share their experience and to put it into perspective. They feel less isolated and are more able to keep going. The support gives them a distraction but they also get reassurance.

The mothers interviewed found that motherhood can be an isolating time as they can spend a lot of time at home looking after their new-born baby. It is made all the more difficult in that this is a totally new experience for them. Antenatal groups, in particular NCT groups, gave some of the participants a chance to meet up once a week to talk about their week and where they were able to give and receive support and reassurance.

*'I suppose you kind of see what other people are dealing with and especially if some of those are worse than you're having to deal with and you're like well, I certainly haven't got it that bad . . . I've got to think that's a good thing' (M1, 285-287).*

*'It was just really good to talk to other people about, 'I don't know what to do' and 'I had the day where I just cried under the duvet', just sharing that with people was really, really important.'* (M2, 64-66).

By being open and honest mothers helped each other see that they were in the same position as each other and this helped them to cope.

*'Luckily I had a really good group of friends that were very honest as I have met other new mums that are just so completely like "oh my God it is just wonderful" and don't really feel that they can say oh this is really hard, but luckily all four of my friends just used to take it in turns and one of us would have had a horrible day and just cry and all of us just found it probably equally difficult and we all had our own problems and so that was good to think 'oh well that's just how it is'' (M3, 66-73).*



*'It's just moral support and I'm not going insane and this isn't that easy, he's not doing what I want him to do but then neither is anyone else's' (M5, 391-392).*

Support was important to enable mothers to share their experiences with each other but it was also about finding out or sharing information. Mothers talked about how they coped with particular aspects of looking after a baby and this sharing of experience opened up new ways of thinking and looking at things.

*'I just made sure I spoke to people . . . just talking to others and getting experience and bouncing ideas off others really helped I think, so you're not completely isolated' (M4, 150-154).*

*'It's been about asking people and social support rather than anything else' (M5, 370).*

For some mothers the support is about having adult conversations and adult company, which they missed especially as they weren't in a working environment anymore.

*'Wednesday is my kind of free day and you do notice it if Wednesday gets here you just kind of twitching almost cos you haven't had any adult interaction all day' (M8, 286-287).*

*'It's the company, to be honest, for me, not having that adult company' (M6, 421-422).*

Some of the mothers also talked about how being with other mothers enabled them to get a new or different perspective on their experiences, they talked about how it worked as a distraction but also a way of resetting them so that they could face the task of mothering again.

*'It kind of helped as if someone was saying something 'oh I hadn't thought of that', 'oh I'll have to try that' you know, so it gives you a different insight and a different perspective on looking at things and how to try and perhaps tackle something in a different way' (M4, 167-172).*

*'That kind of support, I found you could be less absorbed by the cycle, that kind of always thinking, 'what's next', 'whatever else', that seemed to be less when you were in a group. . . just more distraction because you're not at home on your own with only that to think about' (M1, 275-280).*

*‘You had your week of starting to go insane and then you meet up again and it’s ‘ok, this is normal’, it resets you again so that was really, really important’ (M2, 66-68).*

Support from other people but particularly other mothers going through the same experience was really important for the mothers interviewed. The support mothers sought had a multi-dimensional aspect to it. Mothers needed to share their experiences and through doing so gained reassurance that others were going through the same thing, if the sharing was done in an open and honest way. This sharing of experience normalised their experiences and rather than feeling that they were going ‘insane’, as some mothers stated, they realised that this was what looking after a baby was like. Supporting each other in this way helped the mothers to manage their emotions and feelings about what they were going through. The support ‘reset’ the mother or distracted her so that she was more able to continue with the task of mothering. They also gained new perspectives both on themselves and their experiences as well as how to deal with things that they were finding difficult at that time. Support also gave the mother an opportunity to gather information, to ask advice and get other points of view on her particular perspective. Mothers learnt from each other and from their own experiences. For some the support gave them a link back to the adult world which they were so familiar with, again the adult company and conversation gave them a sense of normality and stability.

#### **4.3.1.2.      *Understanding Others***

**Having a baby has meant more understanding and respect for other people’s experience.**

Another aspect of the Support of Others concerns how mothers’ relationships with other people changed as a consequence of becoming a mother. Mothers need the support of others, the baby’s father, other mothers, family, friends and health professionals as they undertake

this transition, as they have much to learn and make sense of as they care for their baby. One relationship that often changes is the one with the new mother's mother as M3 states;

*'So perhaps it's having one little thing you just have to do everything for and think about and it makes me a bit more conscious of other people and my mum as well . . . that's a relationship that has probably changed a bit and I'm a bit more understanding of mum and a bit more, much more appreciative of what's she's done.'* (M3, 320-335).

Another key relationship for new mothers is the relationship with the father of the baby. All of the mothers interviewed were married to their babies' father. When it came to talking about the relationship with the father the mothers stressed how important that relationship was for support but they were also more aware and conscious of how the father was adapting to his role.

*'I think the dad's always get forgotten about because for them it's also a completely life-changing experience and as a mother you're always concentrating obviously on your child but you do have to remember that your husband, the two roles he now has as a husband and as a father and that's something that I need to consciously be more aware of, I think'* (M8, 469-472).

*'the relationship [with husband] is very important, as much as being a mother you know, we've got our relationship as well so that's been a big part of it'* (M6, 11-12).  
*'I needed [husband's] support a lot'* (M1, 218-219).

*'I think a bit more about other people so I think more about [husband] and his relationship with her.'* (M3, 319-320).

What was unexpected about this theme however, was how becoming a mother involved an opening up of the mothers' social relationships. As she struggles to understand her new baby, the new mother became more aware of and more open to understanding other people too. She became more aware of how other people feel and more appreciative of them.

#### 4.3.1.3. *Existential Perspective*

The findings of this study show that becoming a mother does not occur in isolation, it is very much a social activity. Mothers draw on others to support them during this transition phase and this support has been shown to be very important to mothers, if not crucial for their own mental well-being. From an existential perspective the Support of Others theme falls within Van Manen's Sociality (lived relationship to others) and Binswanger's *Mitwelt* or social dimension. Mothers use their relationships with other people in a variety of ways to support them in their mothering task; from information seeking and receiving advice and reassurance to emotional holding and resetting. The social dimension also changes when a woman becomes a mother and as she becomes more open and focussed on understanding the needs of her baby, this openness translates to her other relationships too which are seen in a new light or with greater understanding.

#### 4.3.2. **Developing a Relationship with the Baby**

This major theme centres on how the mother develops and builds a relationship with her baby. This part of looking after a baby is often overlooked in favour of focussing on more practical tasks such as feeding, changing and clothing the baby. But underlying all of these practical aspects of mothering is a more important and relational task, that of developing a relationship with the baby. Five themes: *being ready for a baby*, *learning together*, *getting something back*, *gradually changing* and *building a good relationship* were found to make up this major theme. Each theme gives an insight into how the mother develops this relationship.

#### 4.3.2.1. *Being Ready for a Baby*

Making the choice to have a baby meant that mothers are ready and more open to make adjustments in their lives to accommodate their baby.

All of the mothers interviewed had made a conscious decision to start a family and planned to have a baby. For some getting pregnant took a while and for others it had been a surprise at how quickly it had happened, but for all a baby was a much wanted addition to their lives.

Making this choice meant that they had thought about how the baby might impact on their lives, as M4 states;

*“I think because I was so career driven, we had a bit of a, not role-reversal with my husband who always wanted kids and I was the one who ‘I’m not ready, I’m not ready, I’m not ready’, and then it was like ‘let’s do it’ you know and it’s the best thing that’s ever happened, I’ve never looked back and stuff, so it took a long time to come round to the fact that ‘yeah, I want this now’ but once you’ve made that decision and it happened it was absolutely the right thing to do” (M4, 110-116).*

M8 talks about it being a logical process,

*“It’s just a logical process. Because that’s what it was to me because everything had been planned and I knew what was going to happen, it wasn’t a surprise, our world suddenly didn’t get turned upside down because I was expecting this to happen and expecting to finish work, I was expecting to have a baby and there to be sleepless nights and I was expecting at some point all these milestones to happen and so the process to now has been a logical one” (M8, 318-323).*

Because the mothers in this study were married and in stable relationships, starting a family and having a baby was a logical step for them and one that they wanted and were in some ways prepared for. Their experiences would of course be very different from mothers who conceive in different circumstances or who get pregnant by accident. But choosing to have a baby did start the process of opening up their lives for another and preparing them for a change in their lives. As it is an expected and planned for change which has been chosen and wanted, the adjustments needed to accommodate a new baby seem easier to make.

#### 4.3.2.2. *Learning Together*

Even though communication with the baby is limited you realise you do actually know them. It is very subtle, you learn together by being with the baby all day and constantly searching for answers.

Initially mothers find this part of looking after a baby really difficult as babies are unable to communicate verbally. The mother has to learn to communicate in other ways with her baby. She also has to learn about and get to know her particular baby and how they relate to each other.

*'Early ideas about the kind of mother you'll be are reversed as you are learning about him. . . People say that you know your child best but you haven't known them for that long and their communication is limited so you are just finding out, but sometimes you don't feel you know them at all. . . Yet how you deal with them is a lot more subconscious, you actually do know them quite well. . . what they prefer, you learn it together. . . But you don't consciously acknowledge to yourself what you have learnt. Only looking back do you realise how much you have learnt and how you've dealt with things together.'* (M1, 241-268).

M1 expresses how the whole mothering task involves getting to know your baby, as a mother learns something about her baby and their preferences with everything she does for her baby. But this is a subtle learning, a learning that comes from experience and interaction and is not one mothers consciously think about.

M7 describes this subtle learning as

*"but it was very subtle, you just had to look and the sounds of different cries and the sounds, so even now he barely cries at all, you know, and I just think it's really fascinating because I always thought babies, I don't know what I thought, I didn't really have that much experience but I thought everybody says baby doesn't do much, I'm like 'they do loads!'"* (M7, 42-46).

The process of opening up and trying to understand her baby, means that the mother is picking up and tuning into non-verbal cues from her baby and because they are non-verbal they are not so explicit; so the mother is interacting at a non-verbal level and she is not putting into words or verbalizing what she is learning. In the same way it is also difficult for

the mother to communicate this learning to others too as it is at a pre-verbal stage. As M1 tries to express

*“but yes, you find that you know that’s the kind of behaviour that you’ve learned with them and you don’t kind of consciously acknowledge to yourself that that’s what it is, that’s what you’ve learnt . . . you don’t realise how much you have learnt” (M1, 264-268).*

#### **4.3.2.3.      *Getting Something Back***

Getting something back from the baby is very rewarding. It shows that there is a two way process and that the baby knows and recognises who its mother is.

Mothering starts to become easier once the baby can demonstrate recognition for the mother and there starts to be some interaction. As M6 states

*“. . . because when he was a helpless little person anyone could have done it, really, you wouldn’t have known, but now he knows whether it’s me in the room or someone else and that’s really lovely” (M6, 382-384).*

M4 says something similar

*“it shows the bond and you know, that she recognises me, she knows who I am and that when she saw me again, you know [sharp intake of breath], ‘I want you’ straight away. Which is fantastic, you know, and again, that’s when you realise that it’s so worthwhile, it makes it all worthwhile, when you just have that and you have that sort of reaction from her” (M4, 456-460).*

The mothers interviewed all commented on how much easier mothering became once there was some interaction back from the baby and it became a two-way process. It was important for them that their babies recognised them, needed them and that they behaved differently with them, e.g. *“he sort of seems more when I am around”* (M1, 59-60) and this strengthens the bond between the mother and baby.

#### 4.3.2.4. *Gradually changing*

Each new thing is another little step and as the baby changes the mother changes too, gradually becoming more confident.

The learning that goes on between the mother and the baby is a gradual process that is built up through their everyday interactions, as M2 states

*“I feel like it’s been quite gradual, I feel much more confident in the whole thing . . . Just confident in the sense of knowing that this is the right thing to do for her. Apart from the whole confusion of first of all when you haven’t got a clue I think the thing that maybe slightly different is that almost instinctively you know now, you know what the right thing to do is.”* (M2, 412-413 & 470-473).

What M2 was expressing was how gradual the learning is and that it almost goes unnoticed until it becomes instinctive. This relating, as I mentioned earlier, seems to be at a pre-verbal level and the mothers often do not reflect upon what they have learnt. This was echoed by M4

*“you just do build yourself up slowly and I think you do question ‘is this right? Is this right?’ . . . just knowing that you’re doing the right thing, that you’re there and you know, if it is just a cuddle and a little rock or what have you, then, you know, it is the right thing to do and I think you just instinctively know that I’m needed and I need to do something”.* (M4, 21 & 32-34).

M6 also expressed how gradual the learning is

*“So I don’t know what I’ve learnt. It’s really hard because it’s such a gradual thing, I can’t look down on me and see how I’ve changed because it’s just everyday things have gradually changed”.* (M6, 128-130).

M7 describes how being a mother changes as the baby grows and develops

*“I think with anything new you have to adjust different things. What fits then, won’t fit now. Because he changes and you change with that. You can’t have the same mentality of when he was born to when he is now because it’s, they’re so different”.* (M7, 319-321).

So the learning that the mother does is ongoing and constantly changing and in the process she has to adapt and learn to be alongside where her baby is. Mothering is not a skill that you



can master, it is dynamic, an ever-changing relationship and interaction and so the learning is constant too. M8 reflects *“I love seeing the changes, they change daily sometimes, remarkable what they do today that they didn’t do yesterday”* (M8, 250-251) and the mother needs to keep up with those daily changes. However the little achievements that the mother makes along the way helps her to feel more confident, *“The more, more, and more that I did things [I thought] ‘Oh God this is fine’”* (M3, 127), she can build on these and they give her strength to go on to the next step.

#### 4.3.2.5. *Building a Good Relationship*

Experiencing so much together builds a good relationship. It comes from always being there to look after and love the baby as well as getting to know all about them. Some of the mothers talked about how they didn’t feel an immediate connection with their baby directly after the birth and that it was only through the process of developing a relationship and learning about their baby that the bond grew.

*“I think I feel protective of G11 but I didn’t immediately feel a massive loving, wow, wow, wow this is incredible, you’re mine and this is the best thing ever. I didn’t have that immediate, immediate connection I just thought ‘woah’ and it was really strange”* (M3, 186-189).

M3 went on to say

*“so that felt just unnatural and I must have convinced myself she was going to be a boy and kept saying he, he, he. So it felt quite strange actually, thinking about it. I haven’t really ever thought about it and then it wasn’t until maybe four or five weeks that I actually asked and looked at her and thought ‘oh my God, you’re mine’ and yeah, I really felt it”* (M3, 201-205).

M3 was quite emotional at that point talking about how much her daughter meant to her, trying to explain her tears she said it was about *“what a privilege to have her really”* (M3, 300-301). M5 was similarly emotional when she said *“I think – this is cheesy – I think you do*

*underestimate how much you'll love them"* (M5, 202-203). The emotion, the tears, came from the strength of the relationship the mothers had with their babies and the love they felt.

M6 describes how her love for her baby grew the more she got to know him and his character

*"I remember thinking I hadn't, you know they talk about this massive surge of love and I never had that early on, I knew I loved him, but I never had this all-encompassing you know, burst of love. But I do absolutely adore him and love him to bits and I think when I was saying his character is coming out more and more, then that love is growing even more which is lovely."* (M6, 378-382).

The mothers here were trying to articulate how their relationship had developed and how their love for their baby developed over time as they got to know them.

*"I was kind of, let's get on with it and then I think as you get to know your baby then you start to . . . I think it's a longer process than being handed a bundle when you're emotionally very vulnerable but then you get to know the baby and then it's fine"* (M5, 172-175).

*"My relationship with B11 has . . . come quite easily, obviously it's got easier when he's interacted more. The first month it doesn't really feel like you've got a relationship although you try to and you kiss them and you try and put them on your skin and stuff like that but you're not getting a lot back. But as soon as he's been able to interact that's been fine."* (M5, 345-350).

M2 talked about how she felt she was a team with her daughter

*"Just the whole thing of lots of random strangers coming up and speaking to you and going 'how old?' and me going 'she's ten days', and 'can't believe you're out' and all that kind of stuff and that was lovely, that was really, yeah, it was very magical, me and G11 against the world sort of thing'.* (M2, 354-357).

The mother's focus, attention and energy are fully directed towards her baby in the initial months and her primary concern is to care for and look after her baby. In the process she learns about her baby, seeks to understand her baby's needs and relates to and loves her baby, all of these things help develop a good relationship between the mother and baby. M8 explains

*“Obviously I don’t remember much when we were little but I have the memories of us coming home from school and talking about our day and that’s how, you know, we had a good relationship . . . so I know that’s all been built up because of the time she spent with us and the things we did”. (M8, 369-372).*

#### **4.3.2.6.      *Existential Perspective***

As this theme primarily concerns the developing relationship between mother and baby it falls naturally into Van Manen’s Relationality and Binswanger’s *Mitwelt*. Initially the mother’s task is to interact with her baby, to open herself up to trying to understand the non-verbal signals her baby gives her and through this process she is able to do the mothering work of caring for and meeting the needs of her baby. This is very much a relational process which is hard at first as the mother is not used to interacting in this way and also because she wants to do the best for her baby and it is not explicit what ‘the best’ is. Through constantly connecting and interacting with her baby and seeking outside help and information, the mother develops a relationship and as the baby develops she is able to give something back to the mother in terms of a smile or a special look or a way of communicating her needs that the mother can pick up on.

The mother can also be seen as relating to her baby through her body and so Van Manen’s Corporeality dimension is also relevant here; particularly in the early weeks and months when mothers tend to breastfeed and are encouraged to have skin to skin contact with their babies. Initially at this pre-verbal stage mothers are relating to their babies in a bodily way, holding them, soothing them by rocking and feeding them through their bodies. A lot of the early communication and relating is done through touch and looking. The mother and baby spend a lot of time looking at each other and through this they are learning about each other.

There is another existential aspect to this theme, that of the *Eigenwelt* or the personal dimension. Through the process of relating to her baby, something changes for the mother on a personal level. She is learning from her relationship and her experience and this learning means that as her baby changes she changes too and she learns to adapt and draw on her relatively new experiences. As the mother learns she is able to feel more confident about her mothering abilities and begins to enjoy the experience. However, as demonstrated above a lot of the interactions and learning are at a non-verbal or pre-verbal level and the mother isn't often able to articulate her experience to herself or to others and so doesn't realise how much learning she has done.

### 4.3.3. Living in Time

This theme centres on how mothers experience time, how they live in time and how much time is given over to doing certain things. This research found three aspects to the theme of living in time: *living in the present*, *all-consuming* and *never ending*. The mothers had entered a whole new world of experience, their life was very different from how it had been before and this included their experience of time. The way in which the mothers would have normally structured their day was now no longer possible, meal times and bed times were flexible points in their day. Their clock was now set by their babies' needs which were often random and without structure.

#### 4.3.3.1. *Living in the Present*

You live in the present when you have a baby; life is more immediate as you are living day to day. Time has no concept as you live in 3-4 hour cycles. Being so fully rooted in the present makes it difficult to look back and remember earlier stages or what you have learnt.

The concept of time changes for new mothers and the way in which they live in time changes too, as M2 explains

*“It was weird, that whole kind of day and night, having no concept, it could be three in the morning and you’re doing stuff and you’re awake as if it’s two in the afternoon. But I accepted that was the way it was. The whole, it doesn’t matter, your life is in three or four hour cycles and that’s just sort of the way it is.”* (M2, 341-344).

Time becomes measured by the baby’s cycle and the mother has to adapt to this, accepting that she will be awake at night to feed her baby and having to fit her own needs around those of her baby.

Most of the mothers talked about how their life was more immediate since having a baby, how they were living in the present, in the moment, focussed on what was happening right now or what needed to happen. M1 talks about her experience,

*“It does make you a bit more immediate I think in some ways. Because there’s a lot more to deal with in the present, every day is getting up, getting dressed, getting them fed, working out and that kind of goes on, what’s for lunch, what’s for tea, do I need to put the washing on, so it feels a bit more of a day by day, week by week, than kind of thinking too far ahead because it’s just you need to stay organised now”* (M1, 107-112).

M1 went on to say that she was “very, very there in the present” (M1, 367) and this experience was echoed by other mothers, *“In the moment, totally, and I am very much a person who lives in the present”* (M6, 149).

Other mothers talked about how time goes past so quickly and how it related to the baby’s development. The mother’s concept of time is centred on her baby and its development. As the baby develops quickly it feels for the mother that time also goes past quickly.

*“Every day, every week goes quick and he’s never the same as he was yesterday. Never going to be that teeny, he wasn’t a teeny baby in the first place but he’s never going to be that small again. So that’s it, gone.”* (M7, 105-107).

Being rooted in the present and feeling time move with the babies' development means that mothers don't feel they have time to reflect on what is happening. The speed of change means they are continually moving forward with their babies. As M6 explains,

*"I don't really think about the past that much but when I look at that, the little list of things he's done, that's lovely I can see how I suppose in a way I have learnt stuff and how to read him. I've learnt how to read him so that bond relationship thing, I've learnt a lot about him and teaching him signs and a few little things, yeah. It's very hard to say what I've learnt. Because you're just absolutely in it every day."* (M6, 149-154).

Being so focussed on the here and now and what was happening for the mother and baby at that moment, means that the past (which could mean an hour ago) and the future (which could be the next day) are not even present in the mother's awareness and so there is no time for her to think or reflect on her experiences or take stock of what is going on,

*"Because you just get on with it, you've got someone to look after and care for, don't actually think about what you're learning"* (M6, 126-128).

#### 4.3.3.2. *All-Consuming*

Having a baby takes up all your thoughts. It is all-consuming and tiring constantly thinking about the baby, you live hour by hour and it is sometimes difficult to see a way ahead. You just get on with it, but the constancy means there are no breaks, no time for your own needs and no time to reflect and think.

This aspect of *Living in Time* is related to *Living in the Present* in that it is about the all-consuming nature of looking after a baby. The mothers interviewed described it as,

*"Babies just take up all of your thoughts and all of your days so you don't get time to kind of dwell on other things"* (M1, 31-32).

*"you have no time for reflection or thinking or discussions, all of that goes out of the window because you're just dealing with the day to day"* (M5, 97-98).

*"Just going from one hour to the next, to the next hour, to the next hour, having no time to do anything except look after the baby. I just didn't believe how all-consuming it would be"* (M3, 20-22).

*“It was the all-consuming of your thoughts of what was coming next . . . what you need and what you’re doing later and if you’re coming back, does tea need to be something very quick because you’re going to come in at tea time or you’ll have a bit more time and all that, just constantly processing what’s happening. That’s the bit that I find most tiring” (M1, 164 & 170-173).*

These mothers were describing how their every waking moment was dedicated to looking after and caring for their babies’ physical needs but at the same time they were constantly thinking about what their babies needed or might need in a little while. So that all their thoughts and actions were directed towards their babies, often at the detriment of their own needs,

*“Not having any time, not having any time to do anything not even having time to go to the toilet” (M3, 34-35).*

The all-consuming nature of looking after a new baby, means there is no room for anything else other than responding to and thinking about the baby’s needs. The mothers have little time to satisfy their own basic needs let alone think about and reflect on their experience, what they have learnt or how they are feeling.

#### **4.3.3.3. *Never Ending***

*Being a mum every day is relentless and can often feel never-ending. You can’t prepare for it and you can’t have a break because you wouldn’t want anyone else to do it but the constant decision making is hard.*

The mothers talked about how the all-consuming nature of mothering meant it was very tiring and hard work because they needed to constantly process what was happening and what needs to happen and it was also a totally new experience for them

*“you don’t see the constancy of it and how hard it is . . . because it is the constant thinking about ‘right what am I doing next?’” (M3, 74 & 469).*

*“It’s tiring . . . it takes the extra energy and the extra bit of time” (M1, 180-181).*

The flexible nature of time meant that on the one hand time seemed to go by quickly, as the baby develops quickly and is constantly changing. But on the other hand the mothers interviewed talked about how relentless looking after a baby was and how it sometimes feels never ending.

*“I coped alright but I just thought ‘God this is rubbish’ [laughter], just like ‘O my God’ and it feels never ending and it felt absolutely interminable.” (M3, 30-32).*

*“But also on a negative side it’s, on a positive side getting up at silly o’clock in the morning wasn’t as bad as I thought it would be, it was bad at the time but you just get on with it because there’s no one else to do it and he’s your little baby and who else, you know, he needs you, but the negative bit is the fact that it is relentless every day and sometimes I just think ‘Oh, just, I’d just like a week off’. Yeah, that relentlessness, no one can prepare you that you’re doing that every day.” (M6, 83-92).*

The mothers wanted a break from the constant thinking and caring but they recognised that even if they were able to take a break, they wouldn’t want anyone else looking after their babies and they also wouldn’t be able to switch off and stop thinking about their babies and so recognised that this was part of being a mother.

#### **4.3.3.4.      *Existential Perspective***

From an existential perspective this theme is part of Van Manen’s Temporality dimension as it concerns the mother’s experience of time. The mothers in this study were all talking about how they lived in time and also how time as a concept had changed for them. Looking at the theme from a Binswanganian perspective it would come under the *Umwelt*, the physical dimension which is also about our health and body and our basic needs and drives. In this theme the mothers expressed how they were all-consumed by tending to the basic needs of their babies, to the exclusion of everything else. This required extra effort for it was a new experience for them and they had to pay close attention to what they were doing, picking up



cues from their babies and trying to work out what was needed. They lived in the present, moment to moment constantly thinking about how to meet their babies' needs and how to comfort them.

There is also an element of Van Manen's Spatiality or lived space dimension as the space in which the mother inhabits the most is her home. Her spatiality is reduced or concentrated to her home and her baby as she occupies her baby's space.

#### 4.3.4. The Unknown

For the majority of these first time mothers they enter the unknown when they become a mother. Despite attending antenatal classes and having an idea of what to expect it is not until they are mothers that they experience what it is actually like and what is involved. This theme is made up of four aspects: *not knowing*, *searching for answers*, *responsibility* and *worrying*.

##### 4.3.4.1. *Not Knowing*

Having a baby means entering into the unknown. It is a case of not knowing and finding your way, wanting to do the right thing but not knowing what that is.

However much the mothers prepare themselves before the birth the actual reality of looking after their baby is unknown. They do not know what temperament the baby will have and what demands they will be faced with. M4 described how she felt at first,

*"Exciting , I guess, I wouldn't say overwhelming, but entering the unknown". (M4, 3-4).*

M1 talks about how she found the whole process of motherhood as just finding your way, not really knowing what to do, but trying things out, looking for answers and trying to do the right thing.

*“But the other side of that, that you sort of know beforehand, that you’ve got this little thing and he needs you to look after him but you have no idea what to do or what, you’re just finding your way, that whole thing of not knowing, not knowing what to do, I don’t know what’s right to do” (M1, 78-81).*

Being in a position of not knowing can be very unsettling for the new mother who wants to do the best for her baby but finds that it is something she has to work out for herself.

#### **4.3.4.2.      *Searching for Answers***

*As a mother you search for answers, reading and questioning but in the end you have to work it out on your own.*

When women become mothers for the first time they are faced with a completely new and somewhat alien task which is extremely important to them; caring for a much loved and vulnerable baby. Initially they feel out of their depth and in unknown territory and any preparation they have done before does not seem to account for the whole new situation that they find themselves in. New mothers have to learn fast, they learn from their babies but they also learn from other people. The initial months are very much about information seeking for new mothers, either through reading;

*“Oh you do so much reading, I stopped reading after a few months but I did a bit of reading up” (M3, 85-86).*

Or by trying different things out to see what works, as M2 explains;

*“It was very much trial and error. It seemed to be almost like ‘eureka!’ moments, of that’s it! We’ve cracked it! We know how to . . .” (M2, 71-73).*

M2 elaborated further

*“I think it was just more sort of you try a few things and if five of them don’t work, the other one does. Just constantly glean bits of information and try it out and then sort of eventually things seem to be working. Constantly wanting answers and constantly wanting to speak to different people about what’s going on” (M2, 103-112).*

Although as M1 states there is always a doubt over whether her actions had actually calmed her baby or if her baby would have calmed anyway,

*“So I was prepared for that but what I wasn’t prepared for was the bit that comes after that, when you’ve done something, you have no idea whether it was the right thing or not and it’s like, it might have worked, but you don’t know if it’s worked because of what you did, if they’ve quietened down and they’re not unhappy anymore, did I actually cause that or is it that they’ve just stopped crying anyway and that kind of you don’t get the feedback through the process” (M1, 81-86).*

There is a constant questioning going on for new mothers, searching for answers, seeking out information from books, health professionals and other mothers, trying out new things and learning from their experience. The mother is like a sponge soaking up everything to see what fits with her situation and her baby. But as M4 states there comes a time when the mother falls back on her own experience and knows what is the right thing for her and her baby,

*“you just do just build yourself up slowly and I think you do question ‘is this right? Is this right?’ but I think at the back of your mind ‘am I doing this right?’ . . . you have to kind of, you get health visitors and everything, but you know, you just figure it out, I guess, of your own accord. It’s just instinct, you know they talk about a mother’s instinct, but I guess it does kick in” (M4, 21-25).*

When M4 talks of mother’s instinct she is not explicitly acknowledging her part in the process; i.e. that she is learning fast, adapting and is minutely aware of the effect of every interaction she has with her baby. She uses her limited but growing experience and knowledge of her baby to decide what is right for her and her baby.

Part of searching for answers is also about the mothers gaining reassurance that they are doing the right thing as M4 describes;

*“I think you just want to have that reassurance but I think early on, whether it’s a bad thing to say, we’ve just worked out if you just talk to enough people you’ll hear what you want to hear eventually anyway [laugh] because everyone has their own opinions and, as much as health visitors are like ‘ok you can’t do this, you can’t do that’ or what have you, if you talk to enough health visitors or see different health visitors, eventually one of them will agree with what you’re trying to put across and you’re like absolutely fine. Or just through talking to other mums, they’ll say ‘yeah, my health visitor said this or said that’ and you soon realise that, actually, again it’s that mother’s instinct that kicks in and what you’re doing is the right thing to do.” (M4, 271-279).*

The reassurance gives the mothers confidence in their own abilities and particularly their abilities to know their own baby.

#### **4.3.4.3. Responsibility**

*As a mother you realise that it’s a big responsibility to make all these decisions, that you are responsible for everything and that every decision has a consequence. It can feel daunting and weird but you have to accept it and deal with it.*

New mothers begin to realise how responsible they are for their babies,

*“Just looking at the longer term whole sort of motherhood thing, just that we’re going to have this baby and they’re so dependent on us, they’re so reliant on us and we’ll be doing everything for them and focussing on them, but and wanting to be there for them” (M4, 139-142).*

When mothers start to think of how much they will be providing for their baby then they see how huge the responsibility is,

*“You know I was providing everything, milk, you know, comfort, security. Yeah, and I think straight away you know your mum, that’s what my mum did and I looked to her for everything and now he’s actually going to be like that with me. It’s quite awesome. It’s fine, I’m fine about it but it’s a huge responsibility that I hadn’t thought about fully before we had him” (M6, 50-54).*

As the responsibility dawns on her, a mother can feel overwhelmed by all the decisions she has to make and their implications but she also has to be pragmatic about making the best

decisions that she can at the time. There is an unknown element to it as well in that she will never know if it is the right decision or where that decision will lead, as M1 explains;

*“You will make the best decisions that you can at the time but you have no idea whether they were really the right decisions because you’re then on that path and you go with it and you’re not living parallel lives to see what would have happened if you’d done something different . . . so that kind of responsibility kind of hit home – oh yeah, we’ll be making these decisions and we don’t know and we’ll see” (M1, 89-93).*

M8 echoes this saying that the constant choice making was one of the hardest parts of being a mother,

*“It’s the constant choice making. Every day you’re making choices which will affect, like even now, the choice about when to wake him up” (M8, 377-378).*

M8 realised that it is also not just the big decisions that mothers have to make that make up the responsibility but also the little decisions that are made every moment of the day, such as when to wake up the baby, or what to feed him and when,

*“It’s that constant decision making are we doing the right thing because you can read one thing that says you are and you can read another thing that says you’re not and there’s so much information out there that you can get really bogged down with, because you’re trying to do the right thing, make the right decision, there’s just so much that can lead you off into different directions, even on the same topic depending on what qualification you hold. That’s probably the most difficult thing it’s just, believing that what you’re doing is the right thing based on the information you’ve managed to take in and just knowing that you can’t control everything that you control as much as you can” (M8, 386-394).*

As mothers are learning a new skill they are more aware of their actions and the consequences of those actions and in the process they become aware of their responsibility towards their babies.

#### **4.3.4.4.      Worrying**

There is constantly something to worry about as everything is new.

Worrying was another aspect of the unknown that came up, for some mothers anything new that they did caused them to worry about whether they would be able to do it, like put up the pushchair or how they were going to deal with certain situations. For M3, every new thing that she did caused her to worry,

*“I worried and everything for the first year, every new thing I did . . . and everything really got escalated out of all proportion I think, all sorts of things. So yeah, I think I spent the first five months constantly worrying about something” (M3, 106-107 & 120-123).*

For other mothers the worry was focussed on one particular aspect of mothering for M5 it was whether she would bond with her baby,

*“I can remember when I was pregnant, I remember worrying that I wouldn’t bond with him, that’s probably because I know how important it is to bond with your baby and you worry that somehow you won’t” (M5, 154-156).*

For M6 she worried when her baby got very ill although she did not realise until afterwards quite how worried she had been,

*“I get these little stress marks when I’m stressed, I got them at GCSE’s, A levels, university and I noticed them the other day, I get them about a week later when I’ve actually been stressed about something, I don’t feel stressed in myself quite often but I saw them and I thought that was because he was ill and there was just this rumbling of worry the whole time” (M6, 366-370).*

Worry does seem to be part of these mothers’ experience. There is worry about undertaking new things and how able the mothers will be able to cope. There is worry about being able to form a relationship with the baby, or worry for the baby’s safety when he is ill. Worrying also shows care and concern and the things that the mothers worry about are those things that matter most to them.

#### 4.3.4.5. *Existential Perspective*

From an existential perspective the Unknown would fall under the *Überwelt* or the spiritual dimension as it concerns aspects of our existence that are beyond us. What the mothers were grappling with in this theme were the very tenets of our existence. Seeing how their choices and decisions affect another for whom they are wholly responsible and that there was no way of knowing how those choices would play out in the years to come. A mother becomes aware of existence in these moments and she sees how important her choices are not only to her baby but to herself as well. Her constant decision making is tiring because she is not just thinking of the choices available to her but also the consequences of these choices. Which is the right choice? As she doesn't have any previous experience to fall back on each choice needs to be actively made which means it needs thought and attention.

This constant decision making can cause the mother to feel anxiety over making the right choice or worry over how things can go wrong. Mothers overcome the anxiety caused by not knowing by seeking out information, from books, the web and from other people. They arm themselves with information so that they can make informed decisions and choices.

In the process something changes for them on a personal level and so this theme can also be seen from the *Eigenwelt* or personal dimension. The mother becomes more aware of herself and the choices she makes as well as being aware of existence. Her information seeking means that she learns about her baby but also about herself.

From Van Manen's perspective the Unknown theme seems to fall under Spatiality or lived space, and refers to how comfortable or not the mother is in her own space. Not knowing is

sometimes a difficult place to be and the mothers strive to find ways to overcome the unknowing by searching for answers.

#### 4.3.5. Life is Different

Becoming a mother means that right from the start; life is very different to how the woman has lived her life before. This theme reflects how the mothers experience this difference in their lives. The theme is made up of four aspects: *nothing prepares you, life before doesn't exist, life is different* and *shock*.

##### 4.3.5.1. *Nothing Prepares You*

Even knowing life would be different nothing prepares you for the reality of having a new baby. It is nothing like you expect and you can feel forever vulnerable. It became easier once you surrender yourself to the experience.

All the mothers interviewed for this research had attended antenatal classes like NCT and yet, despite this preparation they felt that nothing quite prepared them for the actual experience of becoming a mother and looking after a new baby;

*“So as much as you can be prepared I don't know if anything quite prepares you for the experience and then what to expect and I guess you just kind of get on with it and . . . I mean, it's a fantastic experience, a lovely experience but I don't know if there is anything that can prepare you enough for it” (M4, 4-10).*

This was echoed by M7, feeling that however much she had thought about what it would be like the reality did not match up,

*“But when I first had him, I did, you had pre-conceptions of what it's going to be like and it's nothing like that. It's nothing. Not in a bad way. But it's nothing, nothing like you would expect, is it?” (M7, 81-83).*

M7 tried to explain what the experience was like



*“The way I’ve always said it, is it’s like being hit by a steam train but in a good way”* (M7, 111-112).

M7 tries to put into words what it is that you can’t prepare for,

*“You’re forever vulnerable. Not in a bad way but you are forever, and it’s not, it is completely different and you can’t quite articulate how it’s different, exactly. But it is”* (M7, 118-119).

It seems that what M7 was trying to express was something about the feelings surrounding becoming a mother rather than the practical tasks of motherhood. She talks about being forever vulnerable and other feelings and ways of being that she couldn’t put into words.

Some of the mothers were prepared for it to be different from what they had expected, but even then there was an element of not truly believing that this would be the case,

*“I know people have said to me ‘it’s hard, it’s really difficult’ and it’s like you disbelieve people, I believe them but you can’t actually imagine it until you’re going through it so that was true, and people say you won’t know what it feels like until it happens so that is true [laugh]”* (M5, 197-200).

It seemed equally difficult to describe to other expectant mothers what the experience would be like as M6 says,

*“My friend has just had a baby last Sunday and I saw her going through pregnancy and I saw in her what I saw in me, it’s kind of, you get cots, you get this and get that and get the other and you sort out leaving work and all that and then it actually happens and you get a feeling that no one else can describe, you know, she’d say ‘Oh what’s it like?’ and I’d say ‘I can’t tell you, you’ve got to do it yourself’. You don’t know until that little person appears.”* (M6, 57-62).

M6 was acknowledging how individual the experience was and that as each mother’s experience was different it would therefore be difficult to explain to another mother what it was like because she would have a unique experience. There was also another aspect to that, which was that however much preparation a mother makes, both reading, attending classes and talking to others, becoming a mother is really about learning as you go along, living the

experience and learning from it, as M6 says “*you’ve got to do it yourself*” (M6, 62) or as M4 says “*I guess you just kind of get on with it*” (M4, 7-8). It is a case of diving in wholeheartedly and trying to work things out as you go along.

#### 4.3.5.2. *Life Before Doesn’t Exist*

*It’s hard to imagine what life was like before, life has changed forever, it’s the end of a chapter but the beginning of something new.*

Becoming a mother is such a new and complete experience that is so all-encompassing that mothers find it hard to remember life before they had their babies. As M1 states it is like her life has started again from the point at which her baby arrived as it is so very different from before,

*“Life before him sort of doesn’t exist in some ways, it’s kind of like things start again when he arrived, you couldn’t really kind of remember but it’s definite kind of point in time and you just kind of looking forward from him being around than looking back on things that had happened before”* (M1, 21-24).

M1 goes on to explain further,

*“you almost can’t image what life was like before he was around. I mean, I can, but it seems a lot more distant than it kind of actually is, because things have changed a lot with him here”* (M1, 29-31).

M4 says something similar when she describes how her life now completely revolves around her daughter and because her life is so different and so focussed on her baby, it seems that the whole process has been much longer than it really has.

*“Now I look back and think I can’t ever imagine what time was like without her being here and having just gone through that first birthday was like ‘has it only been a year?’ it just seems like it’s forever and I can’t imagine now the life before without her and how much it all revolves around her and it’s lovely”* (M4, 50-54).

In the same way that the mothers couldn't imagine life before their baby was born they also now couldn't imagine life without their baby. Their babies had become such an integral part of their lives.

#### 4.3.5.3. *Life is Different*

Life is different with a baby; it's a whole new world with new skills to learn and the baby becomes a big part of a mother's life as it is the main thing she does.

The mothers interviewed talked about how different their life had become since becoming a mother. They no longer lived their life in the usual way, as M1 described;

*"It was kind of like living a different life, suddenly you're at home and you're not going to work but I was so ready for something to be different in my life that that was fine and that was what I wanted. I can't think quite how I was feeling before he arrived to when he did arrive. Which is another part of this thing started when he arrived so what there was before, just kind of moved on from it" (M1, 145-150).*

M1 went on to describe how her life is different and that it surprised her to think that although she didn't feel that her baby was all-consuming she realised that actually he was all she thought about and was the main thing that went on in her life;

*"It also feels that he's not so like totally all-consuming but then actually he is when I kind of think about it, it is the main thing that goes on in my life . . . it's not that you've lost anything that you had before, but I suppose he is such a big part of my life now." (M1, 350-354).*

The mother's life was totally focussed on and orientated towards her baby and its needs. Her day was structured differently, in fact it often lacked any particular structure and the mother was faced with a totally new situation, a new world;

*"That stuff's been a whole new world I knew nothing about, it's not been especially difficult, it's probably just been as difficult for me as it has been for everyone else. But that's not been easy . . . It's new skills really isn't it." (M5, 357-361).*

New skills are needed which the mother had to learn as she went along as M5 went on to say the world of babies was so alien to her that she didn't even know what questions she needed to ask,

*“Because you then realise you’re entering into a whole new world of stuff you know nothing about. I didn’t even know what questions to ask, that was how alien it was, whereas at least if you’re doing a new rung at work, or something like that, you kind of know what you don’t know but with a baby – I didn’t even know what I didn’t know. I didn’t even know how to begin phrasing the questions. So I was like, anyway, that was quite scary going to John Lewis and thinking there is all this stuff I know nothing about.” (M5, 425-430).*

Generally in life we are able to build on experiences and learning that we have previously had, but motherhood is often a completely new arena for women, who have no previous knowledge or experience, their life becomes very different and they have to learn new skills quickly. However, as time goes by even this completely new way of living starts to have a feeling of normality about it;

*“so it did feel like a complete life change but actually now she sleeps all night so we have a normal evening, like we ever did” (M3, 224-226).*

#### **4.3.5.4. Shock**

Some mothers find the experience a shock and it takes a while to process what has happened.

For some mothers the experience of having and looking after a baby came as a shock;

*“Like you go through the motions and you deal with the pregnancy and then you deal with having a baby and you feel like you’re in a permanent state of shock and it honestly only feels like now that I can relax and enjoy B11 and I just got used to saying that I’m a mum and it still feels a bit weird. A year’s quite a long time [laugh]”. (M5, 86-90).*

Life was so very different and the experiences and skills needed were all totally new that some new mothers experienced motherhood as a shock. Also being so caught up in the

practicalities of looking after their babies there wasn't time or space for them to think about or process what was happening.

*"I think it's like you're just in shell-shock. I think it takes a while to process what happened"* (M5, 99-100).

It seemed that even though mothers could not prepare for the experience of motherhood, if things happened that hadn't been expected then it was experienced as a shock for some mothers. For one it was the arrival of her baby two weeks early that caused her to feel shock,

*"So it was just shock. That was the first thing that hit me, just complete and utter shock. I was 2 weeks early, he was 5lb 7oz and [husband] made it, which was good"* (M8, 143-145).

M2 suggested that if she hadn't attended her NCT classes then the whole experience of becoming a mother would have been more of a shock to her.

*"Which was great, because obviously it prepares you, because if we hadn't done that then we would be completely clueless and shocked"* (M2, 53-54).

#### **4.3.5.5.      *Existential Perspective***

The theme of *Life is Different* highlights the new world in which the mother finds herself when she has a baby. The usual structures and routines of her life are now no longer possible as she lives her life around her baby. This new life is not one that she is really able to prepare for and she has to work it out for herself. New skills are needed and the new mother isn't able to fall back on or build from previous experiences as it is so totally new to her. The task is also all-encompassing so that it becomes the main thing in her life and dominates her thoughts and actions, so much so that it seems that life before the baby does not exist.

Entering this whole new world can often feel like a shock to some new mothers. The mothers question themselves, their abilities but also why the whole process should feel so difficult.

From Binswanger's existential perspective this theme would fall under two of the worlds of experience, that of the *Eigenwelt* and the *Überwelt*. The *Überwelt* refers to the spiritual world, but also the world of our beliefs, values, motivations and ideals. Motherhood involves a complete change in how the mother lives her life, both from a practical sense of how she spends her time but also from an emotional and intellectual sense in how she feels and thinks about her life. The mother's baby becomes the most important thing in her life, her priorities have changed and she is motivated to take care of her baby. The mother reorganises her life so that what was once important to her now fades into the background. Living differently will of course impact on the mother's sense of herself and so will involve the *Eigenwelt* dimension, how she thinks about herself in this new situation that she finds herself, how well she is able to cope and how she experiences this change.

*Life is different* can be seen as changes in the mothers Lived Space or her spatiality. The new mother inhabits a new life and therefore a new sense of her personal space. Her days become less structured, old routines have to be abandoned and the new mother has to feel her way into a new role and new life. How she feels about her life will also change and at first she feels uncomfortable, vulnerable and shocked to be finding herself somewhere completely new and alien. The theme also falls under the Lived Time or temporality dimension as her sense of time changes. The mother's past seems very distant to her and her life seems to have narrowed and expanded to start with the birth of her baby. Because her life is very different and so much has changed as she learns new skills and learns from her experiences the mother's concept of time changes so that the first year of her baby's life feels like a very long time and her past, before the baby was born recedes into the background.

### 4.3.6. Challenging Expectations

The theme of challenging expectations is similar in some ways to the previous theme in that it concerns how the mother's expectations and preconceptions of motherhood are different to the reality of the experience. This theme is made up of three elements: *the surprise of feeling confident, feeling out of control and new purpose in life*.

#### 4.3.6.1. *The Surprise of Feeling Confident*

Being surprised at being able to cope and be confident.

Despite feeling unprepared for the experience of becoming a mother and expecting it to be hard work, it sometimes came as a surprise to mothers how well they were able to cope. M3 realised that the more she did things and the more she looked after her baby the easier the experience became.

*"The more, more and more that I did things I thought 'oh God this is fine'" (M3, 127).*

M3 was able to recognise that her confidence in herself and her abilities grew the more she experienced and did for her baby. She was building on the little experience that she had had so far in order to give her confidence to keep going with all that was new for her,

*"But by then I had gone through quite a lot and I'd sorted the buggy out and you know I knew she would take a bottle and I'd done so many of these things and I was right OK now I can deal with this and having gone through quite a few things then I got a bit more confident with it I suppose that's it isn't it? A bit of confidence and may be getting your head back a little bit more" (M3, 135-140).*

This confidence was also expressed by M1 how she was also surprised at herself because she felt there was enough instinct or knowledge of her baby to allow her to know what was right for her baby even though this was different to how health professionals thought.

*"But I was also quite surprised as to how kind of confident I was that he was alright. That they were stressing me out but you know, fundamentally I knew that he was alright but it wasn't, the stress wasn't that, it was kind of stress that they were all going on and*

*you are kind of like, I am fairly sure he's alright but maybe there's something I don't know about."* (M1, 214-218).

The mothers felt that even though they had little experience, knowledge or skills at first, they quickly learnt about their babies and used that experience to make good decisions for themselves and their babies, as well as giving themselves a bit of confidence that they are able to cope with the demands of looking after a new baby.

#### **4.3.6.2.      *Feeling Out of Control***

**Feeling out of control means shifting your expectations and learning to let go.**

In the beginning when the mother first looks after her baby, there is no routine or pattern for her to follow yet. There is an unknownness about the baby and what it needs and how the mother is going to satisfy those needs. For some mothers this can make them feel like they are out of control. M3 describes how hard she found the experience of not being in control and that up until giving birth her life had been ordered and in control,

*"In my life generally I'm quite ordered, quite controlled and that was the most massive thing for me and I always think that I found the first four or five months very very hard and I think it was that feeling of being out of control and that I might have found it harder than other people because other people weren't so bothered by the lack of knowing what was happening next and my much more relaxed and bit more dizzy friends that have had babies just sort of get on with it and that oh well that will be will be whereas I find it quite hard"* (M3, 11-18).

M5 echoed this experience, she found it difficult feeling like she was losing control and at the same time desperately trying to create some control in her life and it not working,

*"I think because you try so hard to sort of gain some control, I mean out of control and I think I suppose a lot of my friends were all people with jobs and so reasonably competent people that can hold down a job and had their life quite well organised before the baby came along and then you completely lose control. You can't do anything for yourself, the baby won't do Gina Ford or whatever else it is you've tried, whatever book you've read, the babies just won't do them so you can't control it, you have to learn to let go and go with the baby which is very hard because you still try and control it even though you know there's no point"* (M5, 232-239).



Both M5 and M3 talked about how they overcame this feeling of not being in control by learning to let go and realising that there needed to be a shift in their expectations,

*“so it’s probably got to actually having G11 and being out of control and it was that big shift in my expectations really, of how to deal with it” (M3, 255-257).*

Instead of battling against the feeling of not being in control, the mothers learnt to go with their babies and to learn to let go of their expectations of what their babies should be doing or what they should be doing. One mother, M2, did this by plotting out what her baby did in a 24 hour day and that gave her a sense of a schedule or routine in the broadest of senses but it enabled the mother to feel calmer and learn from her baby,

*“Nobody gave it [her schedule] to me, so although I picked bits from here and there and stuff but it was, it really felt like it was something that I developed myself so I’m really, I felt really sort of attached to it. I think it just gave me that sense of some kind of calm, really [laugh] and some kind of order within this completely random thing that I have no control over.” (M2, 152-155).*

#### **4.3.6.3.      *New Purpose in Life***

**Having a baby changes your priorities, the baby becomes the focus and you gain a new purpose in life.**

The participants talked about how having a baby changed how they thought about themselves and their lives. Some of the mothers explained that their babies gave them a new purpose in life and made the mothers see life in a different way,

*“whereas now we have a bit of a purpose whereas I think before I was thinking more about the things that you would do as a family and more the sort of practicality side of things, but the thing that’s different is that you do sort of, I think pretty much from when she was born it was, ok, my purpose in life is now to look after this small person and so I think that’s the most fundamental change because before that, your purpose in life is about having fun and being happy with your husband and being nice to your family and friends and doing a good job at work and it’s completely different” (M2, 445-452).*

M4 described how her priorities have changed because all her attention and focus is now on her baby,

*“well obviously it’s changed us cos our priorities are different but I think it’s changed for a good thing. All our attention is on her and the focus is all about her and it’s lovely” (M4, 56-58).*

She goes on to explain that looking after her daughter was now the most important thing in her life and that whereas this had been her job before she had shifted in her priorities in life,

*“Now G12 is my priority, work isn’t and you know, I do what I have to do to get by with work, but it’s not my priority as it was and my career is on hold for a couple of years, then so be it cos I’ve got more important things at the moment so , before if I was working late, fine, I would work late, whereas now I’m out of the office half past four every day, can’t stop me, so in that sense I have had a huge change, a big shift.” (M4, 61-66).*

M7 echoes this when she talks about how her priority changed from being on her and her life to focussing on her son and making sure that he was confident and happy. There seems to be a shift from the mother being primarily concerned for herself to being completely focused and tuned into her baby in such a way that the baby gives the mother a new purpose in life.

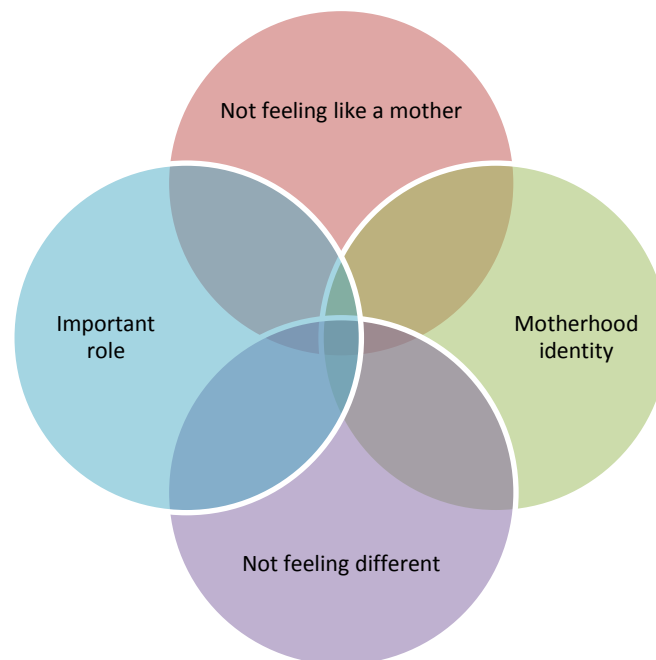
*“Yes priorities change, focus change, you realise it’s not about you. What is now going to be my – not legacy – because legacy is too weird a word but my achievement, would be in trying to make B14 confident and happy” (M7, 341-343).*

#### **4.3.6.4.      *Existential Perspective***

Motherhood challenges the way in which the new mother thinks about and understands her life and world. The expectations she has of herself, her abilities and what she hopes to achieve in her life are all re-evaluated when she becomes a mother. Expectations the mother might have about the type of mother she might be, or how the baby would fit into her life are often turned upside down. Careers and other things that seemed important before the baby was born now lose their importance and purpose as the mother’s focus changes onto her baby. Even thoughts of how in control she is of her life are questioned. From an existential perspective motherhood has an impact on the mother’s values, beliefs, expectations, motivation, meaning and purpose in life. All these aspects are found in the *Überwelt* or

spiritual dimension. These aspects form the core of the mothers understanding of life and form the foundation on which she makes decisions, thinks about herself and others and sees the world around her. Therefore early motherhood is often a very unsettling time for the new mother as she reassesses her values and beliefs about the world, while at the same time undertakes new tasks and skills for which she has not been able to fully prepare for. From Van Manen's perspective this theme would fall into the Lived Space dimension as it concerns the mother's life and the space her life occupies. With these changes in her expectations and purpose the mother's lived space also changes and so that she feels like she is entering into and living a new life.

#### 4.3.7. Motherhood Identity



This theme focusses on how the mother feels about being a mother. So much of her life has changed with the arrival of her baby and part of that are her feelings around being a mother.

The research highlighted four aspects to this theme: *not feeling like a mother, adopting a motherhood identity, not feeling different and important role.*

#### **4.3.7.1.      *Not Feeling Like a Mother***

*First time mothers do not associate with the image they have of being a mother. Their experience and feelings do not match up with their expectations of how they should feel.*

The majority of the mothers interviewed described how they didn't feel like a mother. The mothers had an image of what a mother was and how a mother should feel but this image did not tie in with how they felt and how they were experiencing motherhood. As M1 explains,

*"It's one of those things that kind of goes two ways, because it's nice because I do still feel like I'm me, I don't feel like I've become a very different person, through that. But you always have that whole; 'I'm not feeling what I'm supposed to be feeling as mothers' and things like that" (M1, 49-52).*

M2 describes a similar experience in that she had "*connotations on what a mother is and I don't feel like that*". (M2, 384) M2 goes on to explain "*I just think mother's just seem more established, being in control and being authoritative with children and things*" (M2, 386-387).

For M7 a more conscious adjustment was needed for her to overcome her preconceptions around the idea of being a mother,

*"It was really strange for ages when someone said 'ooh what's it like being a mum?' I felt really awkward with it. 'Oh God, I'm a mother'. But it wasn't anything to do with B14, I worship B14, it was the preconceptions I had and grew up with in a lot of ways, that I had to adjust to that somehow being a mum wasn't a weakness, it was actually brilliant. And that was very strange."* (M7, 189-193).

Each mother described their own particular view or image of mother that didn't fit for them.

For M6 it was about not just being labelled 'mum' and becoming boring,

*“Because I’m not planning on going back to work as well, so half of, well more than half of me is very, very happy about that, because I’m not a particularly ambitious person work wise, but I also don’t want to be labelled just ‘mum’, I don’t want to become a boring mum that only talks about their children. So I’m trying to make sure that I keep up to date with current affairs and all that because I don’t want to become a boring person or boring wife” (M6, 160-165).*

M3 tried to describe a quality that she felt mothers had, a motherly quality, which was overprotective and overemotional, and she had wondered whether she would become like that,

*“motherly, I think more, what’s the word, what do I think people do more than I do? It’s not attention, because she gets constant attention all the time, you know you constant play stuff with her but I don’t really follow her around and leave her to do things . . . whereas I think some mums are a bit more protective and follow them round and are worried about heads and things and I don’t have that worry . . . I thought I might change and soften a bit more and be a bit more, I don’t know what the word is . . . motherly! All more kissy kissy, whoo whoo but I don’t think I am really” (M3, 367-378).*

M5 tried to express it in another way, an image of being a bit frumpy and as she calls it mumsiness,

*“It still feels weird for me to call myself a mum, and I think ‘mum’ has got this image of mumsiness and being a bit frumpy” (M5, 121-122).*

M8 felt that although technically she was a ‘stay at home mum’, she was not living in the way she thought a stay at home mum would. She didn’t stay in for a start and wasn’t sitting down or cleaning which a stay at home mum seemed to represent for her,

*“The stay at home mum, as they say, actually it’s not what I am. Even though it’s what I’m supposed to be doing, I’m never in. I’m always out doing something . . . so yeah, I’m not a stay at home mum [laugh]. It means different things to different people but it’s people’s impressions that you’re choosing to be at home and have it easy.” (M8, 326-328 & 341-343).*

One of the mothers talked about how she felt the media portrayed a certain image of mother which didn’t actually represent the vast majority of mothers,

*“No, it’s a media thing. I don’t really view mums any particular way because you know so many don’t you, you’ve got young mums, old mums, all sorts of mums so I don’t particularly have a view but there’s this media image of mumsiness that I just really, really hate, actually speaking about it, I’ve never realised it, that’s what I don’t like mumminess” (M5, 135-139).*

The other mothers did not talk about where their expectations or preconceived ideas had come from but there was a definite feeling from all the mothers that there was a gap between the image they had of what a mother was, whether it was based on a media portrayal, their own mothers or their experience of other mothers and their own experience.

There was also a feeling that while the mothers had rejected their previous image of ‘mother’ as not fitting their experience they had also yet to form a new image of the type of mother they were actually becoming. Instead of reflecting on what being a mother means to them they were wholly focussed on what was happening at that moment and what they were doing.

As M2 states,

*“it just took me a while to grow into that name. It was almost like a label that I couldn’t really associate with, but having G11 to bring up and grow and develop is amazing. I just sort of in a way focus on what’s happening now rather than reflecting on it.” (M2, 391-394).*

#### **4.3.7.2.      *Adopting a Motherhood Identity***

*Becoming a mother involves taking on a motherhood identity. It is a big transition, adjusting your view of yourself so that your baby is constantly in the foreground of your life.*

As the new mother grapples with the task of looking after her baby she is also grappling with her sense of identity. For some mothers becoming a mother was a big transition for them and they felt very differently about themselves as mothers. M5 describes as she felt stripped back to nothing when she had her baby and that gradually over time she was able to regain a sense of who she was again,

*“so you just get stripped back to nothing where you count for nothing and the only important thing is looking after this baby” (M5, 221-222).*

M5 went on to talk about how she felt her identity had been made up before the birth and how every aspect had changed for her,

*“I was worried my identity would change, because on a logical level, I knew that I wouldn’t be at work anymore and up until then you work five days a week so your job is a large part of your identity and socially, that’s another large part of your identity, I knew I wouldn’t have that anymore. So there is not a single part of it that isn’t changed” (M5, 266-276).*

M2 realised before the birth that she would feel very differently about herself and felt that she was saying a farewell to her old way of being before she was due to give birth,

*“I was booked to be induced on the Friday morning, so Thursday night I did all my, phoned my mum and sister and it was almost like my farewell as me . . . definitely felt like a sort of end of a chapter kind of thing” (M2, 244-246 & 376-377).*

M7 had a similar experience in feeling that she had to readjust her view of herself, *“It’s funny it just readjusts your point of view to yourself, doesn’t it?” (M7, 198).* She went on to describe how much she had given up and how things had changed and how it had taken a while to adjust to this,

*“I had given up everything, especially when I was, even though I wanted to give up my job I felt I was giving up my career. I was giving up a lot, everything really, my figure, my career, you know, everything. And you know [husband] his life didn’t really change for the negative, his life stayed – changed for the positive. You know, he had the added bit of having the fun part of the baby and that took me a little while to adjust” (M7, 324-328).*

M5 echoed this and felt the transition took her a while to start to feel like a mum,

*“that’s quite a big . . . transition. I think I only now feel like a mum and he’s nearly a year old. So it certainly didn’t happen overnight” (M5, 79-80).*

For other mothers they saw becoming a mother as taking on a new role, in the same way you take on a working role or role of a wife,

*“At the moment, my role in the household is to be the primary carer, I’m the mother. [Husband] is the provider and he has certain jobs that he does, and he expects me to be the primary carer and things and I’ve taken on that role, it’s my job, I’ve given up my job and this is my full time job at the moment. Yes, that’s how I see it” (M8, 418-421).*

M6 on the other hand felt that it was adding a new identity to the ones she already held about herself,

*“Because it is different, you take on a different identity when a child comes into your life. It’s a bit like having a working identity and a home identity. I have now got this mother identity as well which is lovely but I do like getting back to [M6], just me. It’s really nice” (M6, 102-104).*

#### **4.3.7.3.      *Not Feeling Different***

**Expecting to feel different but feeling the same but being a mother as well.**

In the first few months of becoming a mother, the mother is trying to adjust to a new way of life which also affects her sense of herself,

*“It is there but I haven’t been quite so aware of it. Hard to explain it, that it’s that sense that I don’t feel that different, so consciously it’s not there but I think it’s more like it is there because it is and what else do I think about what other things do I do, it is kind of there, I suppose because it’s there more in the background for me than kind of upfront” (M1, 356-360).*

The mothers on the one hand don’t feel much different in themselves than they did before the birth, and yet so much has changed in their life and as M1 stated her whole purpose in life and every waking thought was now about her baby,

*“Of him, that being the main thought of my life. It’s not that I’m thinking on a day to day basis but if I sit and think about it, well he is. So maybe that is more there than I realised.” (M1, 263-365).*

M1 was almost surprised that she didn’t feel more different after having a baby,

*“I don’t feel quite as different as you think that you might do. But people say that you just feel like they’re a mother and they aren’t, they lose some of themselves I don’t think I feel that so much. I think more so because it’s like ‘ooh, it is me and I am being a mother’, it kind of surprises me still, in some ways” (M1, 43-46).*



M6 expressed something similar in that there were times when her baby was asleep that her life seemed very similar to how it had been before,

*“I still think I’m me. I can easily switch off the mum – well I don’t ever switch off being a mum. But you know when he’s in bed and we sit and have dinner and watch TV or whatever, it’s as if he’s not here which is lovely, really lovely. I was hoping it would be like that. So that hasn’t changed”* (M6, 299-302).

But it is interesting how M6 felt that she could easily ‘switch off the mum’ and yet even though her life in those moments felt the same she realised that you can’t ever switch off being a mum and that is now a permanent change.

M3 also expressed the paradox that on the one hand she felt she hadn’t changed and wasn’t more emotional and on the other hand noticing that she was doing things that she hadn’t done before, like crying,

*“She’s a mum now, she might change’ but I don’t think they think I’ve changed and I don’t think I have, saying that now and I’m crying”* (M3, 315-316).

#### **4.3.7.4.      *Important Role***

Being a mother is an important and worthwhile role. To have the opportunity to raise and develop a child who will be part of society is a big privilege.

Whilst the mothers interviewed felt at odds with the way in which mothers were portrayed or thought about in society they did acknowledge that theirs was an important and worthwhile job.

*“I have this very special job, I get to raise this child and I have lots of input because choosing to stay at home I am the primary carer in terms of shaping this little boy and becoming this, what my values and things, and hoping to instil in him, he will share those values”* (M8, 296-298).

The mothers saw that being a mother was not just about bringing up and looking after a baby; it was a bigger and more important job which affected the society we live in and the future generations.

*“having talked about living presently, what it is, is more kind of what the future is, the kind of ongoing generations and that you are, there’s something of you that’s carrying on and that you’re bringing somebody else into society, hopefully to be a nice person and do constructive things in their life and being part of that” (M1, 116-120).*

They also saw how they themselves would be carried forward in their children through the way in which they mother their babies.

M3 was quite emotional when she talked about what being a mother meant to her. Although she found it hard to put into words what she was trying to express, she felt it was a privilege to be able to be such a major part of her baby’s life. She also realised the enormity of what being a mother entailed; being able to influence and teach her baby was an important job but also one of great responsibility.

*“I just feel really lucky to be able to, well already give G11 all these influences in life and teach her things. I don’t know it’s quite emotional to think about it [laughter and tears] . . . I don’t know I can’t think succinctly about what it actually means, I find it hard to describe what it means. I haven’t really thought about it. It’s an important job! [laughter]” (M3, 277-279 & 290-292).*

#### **4.3.7.5.      *Existential Perspective***

From an existential perspective the Motherhood Identity theme lies in the *Eigenwelt* or personal dimension. This is the dimension that concerns how a person views themselves and their sense of identity. The findings show that mothers develop their motherhood identity over time and initial thoughts about the type of mother they will be are often rejected when they are faced with the reality of the experience and as they try to see how that experience fits with their pre-conceived images or expectations of being a mother. The mother’s initial

feelings are that she doesn't feel like a mother and that she hasn't changed, yet when she thinks about and reflects on herself and her experience she realises that her thoughts and actions are all directed towards and focussed on her baby and her world has become that of her baby's. As the new mother immerses herself in the tasks of mothering, working out how to look after her baby and forming a relationship, there is little time for self-reflection and therefore the mother doesn't have a sense of what being a mother means to her or how she is incorporating 'mother' into her identity. Through the process of *doing* the woman gets a sense of whom and how she is a mother. Rather than losing her identity the mother is gaining an extra aspect to herself, but she is also in a process of re-evaluating her life, her beliefs, values, purpose and meaning in light of her new position in the world, and this in turn has implications on her sense of herself.

#### 4.3.8. Difficult Times

Overcoming difficult times needs resilience, conscientiousness and a focus on the positives; a sense of humour helps!

The mothers in this study talked about their experience of times that had been difficult during the early weeks and months of their baby's life.

*"Mine's been driving me up the wall but no, actually it could be worse. . . I would have struggled being in the house . . . that's something that I didn't find easy the getting out and meeting new people when you've got the little one because you're more exhausted . . . it's harder to make yourself into a frame of mind if you've been up three times in the night and all the rest of it so it's just that you need that extra energy to keep conversations going" (M1, 308-316).*

*"I did have days when I sort of, went back to bed and put my head under the duvet – she was crying and I was crying, but that was probably only about three times." (M2, 180-182).*

*"I found it way harder than I ever imagined it would be. The overriding thing of the first year was just thinking I just couldn't believe how hard it was. I never ever felt depressed or any kind of despair, it was just constant 'Oh my God this is just nuts'. It*

*was more sort of frustration and knackeredness and 'oh my God this is mental'."* (M3, 57-58 & 148-155).

*"Breastfeeding was hardest. I had trouble picking that up initially, I went to breastfeeding clinics, contacted NCT, people said 'you're doing the right thing, persevere' and I felt how long do I have to persevere? It's not working"* (M4, 234-237).

*"It's a lot better now that he's older, the first few months were really, really difficult, stressful. Sleep deprivation and how on edge you are because I think B11 was probably an average sleeper, but I found it very difficult to relax and so I just really struggled to get to sleep. I couldn't function, I couldn't think, I couldn't remember simple things. I'd lose track of conversations halfway through. And then, I suppose, you're emotional as well and fed up and you start to dread the nights because it is really lonely and depressing and horrible and you just want the morning to come."* (M5, 4-9 & 29-38).

*"Everything is quite raw and because you've got lack of sleep going on, you're getting up twice, three times in the night for feeding, everything is a bit harder work and you know, you can cry at the drop of a hat and hormones are flying around"* (M6, 430-433).

These descriptions show that the early months were emotional and stressful times for some of the new mothers and that sleep deprivation had a big impact on their ability to cope, requiring extra energy and resources.

Some of the mothers described how they coped with the new challenges they faced and also what they were able to draw upon in difficult times.

M4 talked about realising that even though it feels that a difficult time will last forever, everything is a phase that will pass

*"That it isn't forever, everything is a phase, it will pass, you do get through it and you can talk to other people who've been there and done it and it does get better, I think for me, it was just drawing on the 'you will get through this' and there will be more better things to come and the good stuff definitely outweighs the difficult times"* (M4, 330-334).

There was a sense of keeping in mind that it was just a phase and the mother just has to get through it. As M5 states the mother is motivated and conscientious to do a good job so that she just keeps going on even though she might be finding it hard.

*“I suppose you’re motivated to do a good job otherwise you wouldn’t bother with, like, healthy foods and like, I suppose you’re conscientious enough to try and do it right, if there is a right answer.” (M5, 409-411).*

M7 describes it as needing resilience, being prepared for the unexpected and having to deal with whatever situation you are faced with.

*“I think you need resilience to everything . . .as much as you can worry and panic and stress and what if the baby gets too hot is it going to die, what if it gets too cold, it’s going to die – life has got a funny way, it doesn’t matter how many things you plan for, what will happen will be off the radar.” (M7, 215-226).*

Being able to see the funny side of things and laughing also helped put things into perspective for M5.

*“That was helpful, I think when you can have a sense of humour about it, it’s not quite so depressing [laugh]!” (M5, 76-77).*

Looking after your own baby means that you are motivated to do the best for that baby and so mothers need to find resilience or a way of getting through the difficult times because there isn’t an option of giving up. By holding onto the fact that it won’t last for ever and trying to see a lighter side to their situation, mothers were able to get through times that they found difficult.

#### **4.3.8.1.      *Existential Perspective***

This minor theme falls under Binswanger’s *Eigenwelt* or the personal dimension as it relates to how the mother is able to cope with difficult situations. For some mothers it was about finding resilience, for others it was about looking forward and knowing that it won’t last

forever and for others it was finding a lighter side to the situation. Each mother had her own way of dealing with the difficult times and these coping mechanisms will be similar to ones she uses to deal with other difficult times in her life. It also reflects how the mother understands and sees existence and how she negotiates her way through life.

#### **4.4. Meta-Analysis**

During the analysis it was felt that while the universal themes could tell us something about the universal experience of motherhood as expressed by the mothers interviewed, the analysis took away something of the individual experience of each mother. Van Manen (1991) suggests that there are three ways in which the analysis can be undertaken, a wholistic approach, a selective approach and a detailed line-by-line approach. A selective approach has been used to highlight the universal themes expressed by the mothers in this research; but in order to grasp the individual experience of the mother a wholistic approach is also necessary.

I was interested in undertaking a meta-analysis of the mother's experience, i.e. to look at each mothers experience and compare it to the other mothers in the study. I was interested in how each mother approached becoming a mother and therefore went back to the themes generated for each mother and wrote a short paragraph to express how they approached becoming a mother (Table 4.3 below).

**Table 4.3 Approaching Motherhood**

<b>M1</b>	I was open to being different, of not having control or being rigid as I didn't know how I would feel or what would work best. When times are difficult I remember that this is what I wanted and that life isn't jolly all the time and there is a little person who needs me.
<b>M2</b>	Feeling out of control led to trying to create some order. Developing a routine meant there was something to fall back on even if it didn't always work. Being able to cope and keep level-headed was surprising.
<b>M3</b>	Being out of control was a massive thing and felt very, very hard as normally life was generally quite ordered. It meant a big shift in expectations was needed to deal with it. The constancy of everything being about the baby was hard. I coped all right but it felt never ending, absolutely interminable. Thinking there had to be an easier way made me realise that babies do need a lot of time and attention and once I had surrendered to that then I relaxed in to it.
<b>M4</b>	You build yourself up, slowly questioning and wanting to do the right thing. Before I was very career orientated but now G12 is the most important thing. Talking to others rather than panicking helped to get another perspective. I looked for help and persevered when things were difficult. It helped to focus on the positives and to remember that this is just a phase and it will pass.
<b>M5</b>	The first few months feel like you are in a permanent state of shock and I found it hard initially. I felt so tired but struggled to get to sleep at night, as I wasn't able to switch off and relax. Feeling responsible for everything is a weird and emotional feeling but you just have to accept and deal with it. You try to gain some control, before you were a competent person but you lose control and are beholden to a random baby and it completely changes you. You learn to let go and go with the baby. You need to be motivated and conscientious to try and do it right.
<b>M6</b>	Being a mother is more fun than I thought it would be. I didn't think through how responsible I would be for him, it's huge, the biggest job ever, I don't feel responsible enough to be everything for him. The relentlessness of being a mum every day without a break is hard but you wouldn't want anyone else to do it, even if you had the support. Everything needs planning, I'm not spontaneous anymore, I've become more organised. It is difficult to describe what becoming a mum is like because it seems such a subtle

shift but it's actually massive.

**M7** I've been very relaxed about how I go about mothering and responding to B14 and I don't panic about things. Having a baby is nothing like you would expect, they need more care, you become much more aware of things and are forever vulnerable. It is like being hit by a steam train but in a good way. Finding out the sex of the baby meant the relationship started before he was born. My biggest obstacle was accepting being a kept woman and overcoming my own stigma that stay at home mums were inferior or lazy. I wanted everything to be positive for him. You need resilience but you also need to channel your emotions in a positive way. Rather than feel panic, worry and stress, use the anxiety to treasure, enjoy and love.

**M8** Motherhood was as I expected because of my previous experience and we were well prepared and able to access resources if we needed to challenge anything. You learn to be more organised as you need to manage and pre-empt his needs. By planning and following a routine we have a contented baby but pre-thinking does chase the day away. Becoming a mother was a logical step and being a bit of a control freak I like to be prepared so having a baby was what I expected, my world didn't suddenly get turned upside down. The constant decision making is difficult. Wanting to do the right thing and knowing that every choice you make has an effect. It is difficult to believe that what you are doing is the right thing based on the information that you have and knowing that you can't control everything.

Table 4.3 showed that each mother approached becoming a mother in her own unique way and it probably reflects the way in which she approached her life as a whole. Some of the mothers were relaxed about how they approached motherhood and open to the experience (M1 and M7), for others becoming a mother felt very much like being out of control (M2, M3 and M5) and for others they became more organised and prepared (M4 and M8) and one just found the experience more fun than she expected and so must have had an expectation that motherhood would be more difficult than she experienced it (M6). It is interesting that the two mothers (M3 and M5) who found the initial few months particularly difficult were the ones who experienced it as feeling out of control. They both talked about how they



discovered that they needed to make a shift in their expectations, to ‘surrender’ or ‘to let go and go with the baby’ and by doing this their experience became easier. This surrendering or letting go seems an important aspect of becoming a mother. Mothers M1 and M7 did it instinctively from the beginning, mothers M4 and M8 were able to go with the baby through their questioning and information gathering, M2 tried to create some sense of order through a diary and a routine, which allowed her to relax even if the baby didn’t follow the routine and M6 had a low expectation of what motherhood would be like from the start and her experience exceeded it. The struggle for mothers is allowing themselves to embrace the unknown, which feels random and out of control and to just focus on their babies and their needs, accepting that babies need a lot of time and attention and that very little else can be achieved in those initial months. Once the mother surrenders and goes with the baby, putting her expectations to one side and purely responding to the needs of her baby, she is better able to cope.

## **4.5. Concluding Remarks**

Motherhood is a complex transition for new mothers. The research highlighted seven major themes, which were made up of 27 subordinate themes and one minor theme that constituted the experience of becoming a mother. The research showed how important other people are for the new mother and how they can offer the new mother support and information. Other new mothers also help to normalise the experience and help to reset the mother so that she can continue with her mothering task. Although the majority of the mothering work centres on taking care of the baby’s needs an important aspect which is often overlooked is how the mother develops a relationship with her baby. The mother learns to mother by relating to her baby and working out what the baby needs. The mother is learning to communicate with her

baby at a non-verbal level and because she does not verbalise this learning or how she is forming a relationship with her baby she does not see how much she is learning.

The mother is living purely in the present, living moment to moment and she has no time to reflect on what she is doing or how she is feeling, other than thinking what she needs to do next. The research showed that the mother's experience of time has also changed. Life before the baby feels like it doesn't exist and the mother's future is reduced to the immediate future, the next few hours or days. Living so presently again leaves little time for reflection or gaining an overall picture of what her experience has been like.

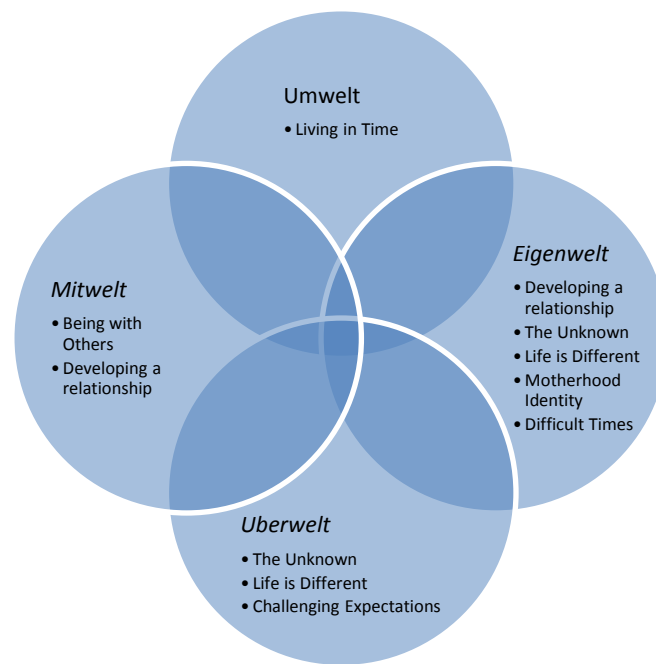
The research highlighted that there is also an element of entering the unknown and that despite preparing for motherhood by attending antenatal classes; nothing really prepares the mother for the reality of looking after a baby. The mother has to put her expectations to one side, she faces the most important task of her life that she is unable to prepare for and feels she has no relevant skills for. The mother has to quickly learn from her baby and from those around her. There are no certainties and the mother is forever searching for the right decision for her and her baby. The research shows that life is also very different for the mother, her usual structures and routines are no longer possible and her life is focussed on her baby.

The research also demonstrated how motherhood impacted on the mother's identity. The mothers felt initially that they didn't feel like a mother and that their experiences were very different to the expectations or images they held. They also reported that they didn't feel any different from before and yet when they reflected on this they realised that their life was now entirely centred on their babies and that all their thoughts and actions were directed towards their babies. The mother doesn't have time to think or reflect on her experience and so

initially she doesn't have a sense of how she is as a mother. Her focus is on existing rather than her sense of being. Yet over time, having immersed herself in the mothering work and learning about her baby the mother develops a sense of herself as a mother. Rather than losing a sense of herself the mother gains an extra dimension to herself, that of mother, but this dimension is an important aspect which makes her question the way in which she lives her life, her values and beliefs.

#### **4.5.1. Overall Existential Perspective**

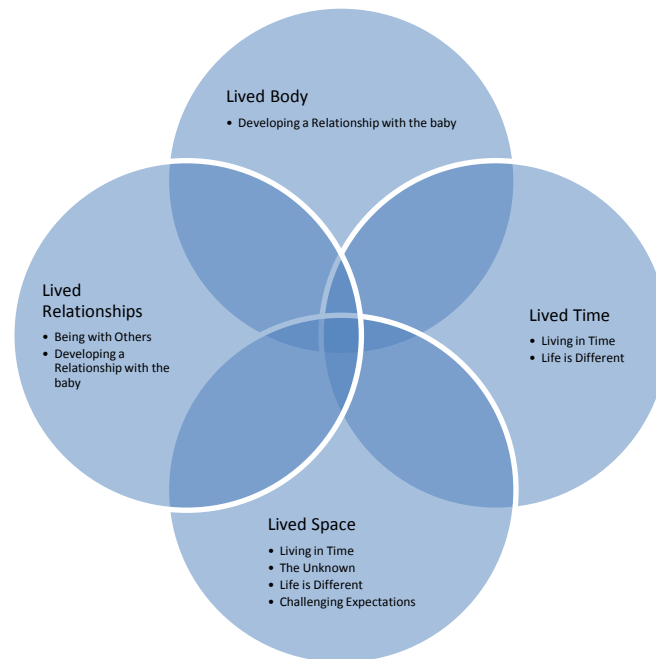
The diagram below represents an overall perspective on how the themes identified in the study are represented on the four dimensions of existence. This diagram demonstrates that motherhood has an impact on every level or dimension of the mother's existence; her physical experience of time, her relationships, her relationship to herself and also her values, beliefs and expectations are also changed. Although this study did not touch on the mother's pregnancy, motherhood also changes the woman's experience of embodiment, her body changes and a large number of women choose to breastfeed their babies.



Motherhood has always been seen as a life changing experience, but this research demonstrates just how life changing the experience is. On every level of the mother's existence there is a change and therefore there is no place in which the mother feels settled and at home.

Looking at Van Manen's lifeworlds shows a similar pattern, motherhood impacts on all four of the lifeworlds. The mother's embodiment, space, time and relationships are all represented by at least one theme. The lifeworld that has the most themes related to it is Lived Space or spatiality. This is the space in which the mother lives and feels at home in, her environment, world and also a sense of the space within her. The themes in this lifeworld are: *living in time, the unknown, life is different* and *challenging expectations*; all of which show how big a shift a mother needs to make in herself and in her life to allow space for the baby. Those mothers who found this more difficult to create initially came to realise that a letting go or surrendering was needed to fully allow the baby to be part of her life and that having done that it became easier to look after and care for the baby. Once the mother had made that

shift, to open herself up fully to the experience she was better able to cope with the demands of caring for a baby.



## 5. Discussion

This study looked at the experiences of eight first time mothers in their first year of motherhood. The aim of the study was to gain an understanding of how the mothers interviewed experienced becoming mothers. A phenomenological research method was used and seven major and one minor universal theme were identified. The themes were further analysed from an existential perspective using Van Manen's four lifeworlds and Binswanger's four dimensions of experience. This section will discuss the findings found above in light of the pre-existing research and literature on the subject. The findings will also be explored in light of existential philosophy in order to reach a more in-depth and meaningful understanding.

The current research found that becoming a mother is a complex and multifaceted experience for women and it is life changing in many ways both explicitly and implicitly. The universal themes which emerged from this research highlighted how motherhood affects every dimension of a mother's existence, which concurs with the research conducted by Prinds et al (2013) on making existential meaning in the transition to motherhood. The findings showed that the transition to motherhood involved not only an ontic experience of becoming a mother, in terms of learning to mother through developing a relationship with her baby, being supported by her social relationships and through this process re-evaluating her values and beliefs, and in fact her sense of 'self', but also at the same time the mother was implicitly grappling with ontological givens about the very nature of existence and her experience of this.

I will present each universal theme in turn: *Being with Others, Developing a Relationship with the Baby, Living in Time, The Unknown, Life is Different, Challenging Expectations,*

*Motherhood Identity and Overcoming Difficult Times*. There will then follow a more general discussion in which I will bring together the various themes and discuss them as a whole.

## **5.1. Being With Others**

Current research shows that becoming a mother is very much a social activity and the social involvement that occurs during the birth and afterwards is unique to human beings (Rosenberg, 2012). Not only does this social support demonstrate our humanness but it is also extremely important for the new mother. My research highlighted two elements of the social aspect of becoming a mother. The first concerned the importance of support for the new mother, particularly in terms of how it affected her ability to cope with the demands of looking after a new baby. The second element concerned how becoming a mother changes the mother's relationships with others as she gains a new understanding or perspective on other people.

### **5.1.1. The Importance of Support**

The mothers interviewed talked about how important it was for them to be able to share their experiences with other new mothers. This sharing of experience enabled the mothers to put their experience into perspective by seeing that other mothers were having similar experiences. Previous literature has shown the importance of social support for new mothers. Kruckman (1992) highlights how in other cultures the new mother is given more support to help her adjust to her new role and experience. This is not found in a formal way in Western society. Other research, such as that conducted by Price (1988), demonstrates that new mothers were most able to cope if they were honest about their experience and supported by like-minded women. This was found to be the case in the current research where the

participants reported being able to talk about their experiences with their NCT groups. This open exchange enabled them to see that other new mothers were in the same position as themselves and that they were able to support each other. It was interesting that these mothers, who were successful professionals prior to becoming mothers, were able to be open about their experiences with each other and not as Maushart (1999) suggests, hide behind the 'mask of silence'. Although it is not possible to know how open the participants were when talking to other mothers, their descriptions of talking about their 'bad' days and of 'not knowing' suggests it was different from Maushart's (1999) description of 'the mask of motherhood'; where mothers take part in a 'conspiracy of silence' and do not talk about their true experience of motherhood. The findings did not show any causal reasons why this should be different, although they did suggest that being part of a group which met regularly before the baby was born helped the mothers develop good and trusting relationships with the other mothers in their group, which enabled them to share some of what they were experiencing with each other. One of the mothers interviewed described how this had made a big difference to her and that she would have found meeting and bonding with mothers after the birth more difficult. Interestingly another participant mentioned how she wasn't able to bond with one of the mothers in her NCT group who seemed to have a 'perfect' baby. She felt that this mother, who had the 'easy' baby, was not going through the same experiences and difficulties that she and the other members of the group were going through and this created a distance between them.

The participants also found the support of others important to them and a source of strength. Price (1988) concluded that women who have social support are better able to cope with the emotional and psychological demands motherhood places on the new mother. Although the mothers in the current research all had good and stable support networks with no additional



stressors their experience seems to concur with Prices' research. The participants talked about how meeting with other mothers re-set them or distracted them, so that any particular difficulty they were facing at that moment appeared less and it gave them the strength to carry on despite these difficulties.

This notion of resetting described how the mothers were able to put their difficulties behind them and it felt like they were starting again, with renewed strength. Other authors such as Stadlen (2011) and Stern (1995) also noted how important support was for the new mother from a psychological perspective. The current findings demonstrated how by sharing their experiences the participants were able to normalise their experience and get a sense of perspective on their situation. This confirms Price's research that 'the need is for real adult-to-adult psychological communication, a sense of being heard and understood, to validate our own experience' (1988 p.142). The participants also felt less isolated as they knew there was a point in the week when they could meet up with their group and share what had been going on for them. Other research into social support, (Goldstein et al, 1996 and Collins et al, 1993) found that social support, if it was found to be satisfactory by the mother, did reduce the extent to which circumstances were viewed as stressful. Goldstein et al found that mothers with large social networks had more opportunity to have their needs met and were therefore more able to meet the needs of their babies.

Previous research, particularly that conducted by Price (1988) suggests that early motherhood is a stressful time for new mothers. Mothers may experience feelings of anxiety and depression as a result of this stress but good support can minimise the effect of these feelings. The participants in this study did not report feelings of depression per se but they did find the experience of being a new mother hard. As one participant described there were times when

she 'wanted to hide under the duvet' (M2). The participants also found that meeting up with their group once a week re-set them. The process of re-setting involved several aspects. The first was that the participants were able to 'hold' their difficult feelings and experiences because they knew there was a time and place for them to talk through those feelings. The second aspect involved talking about, sharing and listening to other mothers' experiences. They described how meeting up offered a distraction, so that their attention was taken away from the minutiae of looking after their babies and they became less absorbed into the world of their babies. Both helped the participants to put their own experiences and difficulties into perspective. Having gained this new perspective they were able to put these feelings in the past. The participants were then able to start again from that point; the difficulties they had been experiencing now seemed less overpowering. Through this process they had gained some strength and felt they were more able to continue and cope with the demands of motherhood. This notion of re-setting has not been described in the previous literature and it seems important in understanding how social support can help new mothers cope with the difficulties of motherhood.

Another way in which social support was used by the participants of this research was to gather information, a finding also highlighted by Stern (1995) and Stadlen (2005). The participants in this study used their time with other mothers to share experiences but also to gain information on practical issues relating to their babies. They also talked about how important adult company was and how adult company and conversation gave them a sense of normality and a link back to the adult world that they were familiar with.

### 5.1.2. Understanding Others

Stadlen (2005) has noted that a mother opens herself and her awareness up to encompass the baby. She also describes how the mother's relationship with the father of the baby and her own mother changes as she changes. The participants in the current research did talk about how their relationships to their husbands and mothers had changed as a result of being a mother. They became more understanding of their mothers, often seeing their childhood from a different perspective. They were also more understanding of their husbands and how they experienced becoming fathers. The participants also reported feeling that they felt part of a team with their husband, trying to solve problems together. However, the 'understanding others' theme also seemed to suggest that the mothers in the current study not only opened themselves up to allow their baby to become central to their life but this opening up extended to their other social relationships too, as they became more understanding of others. Laney et al (2014) also noted this aspect in their research. They believed it demonstrated how mothers' selves become more open to others and expanded relationally. The focus of the mother's relationship with her baby is to try to understand her baby and her baby's needs. The current findings suggest that this focus on understanding is transferred to her other relationships as well. She becomes more understanding of other people and their feelings and in particular those of her partner and mother.

### 5.1.3. Existential Perspective

By viewing how the mother's social relationships change from a Heideggerian perspective, it is clear that the mother moves to a *being-toward* mode of relating to her baby. For Heidegger this *being-towards* mode of being demonstrates concern and is a positive mode of relating (1996 p.114). She is opening herself up and taking care of her baby, but not in a way in which she sees the baby as simply an object that needs looking after, but rather she is trying

to understand her baby at a much deeper level. This type of relating is similar to Buber's (2000) *I-Thou* relating where the mother gives herself fully over to meeting her baby. The mother relates to her baby in a particular way, she is open and seeks to understand the baby's whole being. However, Buber believes that babies have an 'inborn Thou', an instinct to establish a relation, which turns in to mutual relation or 'tenderness' (2000 p.39). The findings demonstrate that this mode of relating is extended to other people too, i.e. that once the mother starts relating in this open and understanding mode, she relates to others in the same way.

## **5.2. Developing a Relationship with the Baby**

The new mother's primary task is taking care of her baby's physical needs and developing a relationship with her baby. The current research highlighted how much of the learning about how to mother came from her interactions with her baby. Like the majority of Western mothers today, the current participants did not have previous experience of looking after babies and so they found themselves in an alien situation where they felt unskilled and unknowledgeable. The new mothers used their available resources, friends, relatives, health professionals, books and the internet to seek out information about taking care of babies. However they described their real learning about how to mother as coming from their experience and interactions with their babies. These findings are based on the experiences of a group of mothers who attended NCT groups. However, all the participants stressed how important it was for them to develop relationships with their babies and these relationships developed as the mothers and babies learnt together about each other. This finding seems to contrast Raphael-Leff's (2001) categories that mothers responded as either a 'facilitator' or a 'regulator'. Raphael-Leff's third category, the 'reciprocator', which allows for 'reciprocal companionship and respect', comes closest to describing a two-way relationship between

mother and child which was implied by the mothers in the current findings. However, Raphael-Leff's categorizations are rather simplistic and do not account for the complex, ever-changing, dynamic that is created in the mother and baby relationship.

The participants in the current research described their motherhood experiences as a subtle learning. They looked for sounds and cries to get an understanding of their babies and their needs. This is similar to Stadlen's (2005) description of how mothers have to study their babies minutely to get to know who they are. Rossiter describes how the mother listens to her baby, by interacting and 'tuning in' to her baby's needs and preferences, which is 'an intense activity' (1988 p.66). The participants in this study also described how although they started out not knowing what to do or what their babies wanted they began to realise that they did know their babies' preferences. What is more they had learnt it together with their babies, by gaining knowledge about them through their interactions and observing their babies and their responses.

The mothers in this study described how their learning about their babies was a gradual process. The more they learnt about their babies and as their babies developed and were able to respond, the more the mothers became confident in their own abilities. This finding supports Barclay et al's (1997) finding of 'working it out' which demonstrated how mothers gained confidence as their skills developed. This finding is also in line with the research into how mothers understand their babies. Drummond et al (1993) showed how first-time mothers gained an understanding of their babies cry's through experience and that at each stage they tailored their soothing in light of this understanding. SmithBattle's (2007) findings concurred suggesting that learning is 'noncognitive, experiential, and contingent to a specific baby' (2007 p.262). SmithBattle found that 'learning' the baby involves 'seeing' and

responding to the baby as if the baby is communicating to the mother. She concludes that with each new experience the mother had enriched her understanding of her baby and therefore enhanced the ways in which she responded to her baby. The current findings confirms the findings of Barclay et al (1997), Drummond et al (1993) and SmithBattle (2007) as the participants demonstrated that as they became more experienced and learnt how their babies responded and what they preferred they were better able to soothe or meet their babies' needs. It is interesting that Drummond et al (1993) found that right from the birth second-time mothers or multiparous mothers saw crying as a method of communication and sought to anticipate the crying rather than react to it as had been the case for first-time mothers.

Through describing their experience during the interview process the mothers in the current study realised just how much they had learnt about their babies but that this was a subtle learning which they had not vocalised even to themselves. Stadlen (2011) noted that a mother's relationship with her baby starts off by creating a pre-verbal dialogue together, which is created through touch and responding. Stern et al (1998) puts forward an alternative theory that the mother carries inside her the intimate non-verbal communication which occurred between her and her mother when she was a baby. He believed that this non-verbal communication allowed the mother to intuitively respond to her baby's responses and signals.

This was the part of mothering that the participants in this study found hard, when it seemed that they were not receiving any feedback from their babies and it felt to the mothers that it was just a one way process. Once the mothers were able to recognise that their babies were able to interact and respond to them, the mothering process became easier. There were two

aspects to this: the first was that the mothers interviewed reported that having a response from their babies gave them a sense of what was working and what wasn't and this gave them more confidence in their mothering abilities. The second aspect which seemed more important was that the babies' response demonstrated to the mothers that they mattered and that they were important to their babies. This was demonstrated by the fact that their babies responded differently to them than to other people. As Wynn (1997) noted the mother begins to feel seen. This finding confirms Stadlen's (2005) observation that once the mother started to get something back from her baby and felt like her child's 'particular mother' it helped the mother's love to thrive. The fact that the mothers in the current study reported finding mothering easier once they recognised that their babies were interacting showed how important the response from their babies meant to them. They also reported how much love they felt for their babies when they were recognised as being their babies' mother. This recognition enabled the mother to find some meaning from the hard work and struggle that comes with mothering a new baby. The response from the baby gave the mother a sense of purpose, she mattered and the effort she was putting in was worthwhile. The recognition from the baby also strengthened the bond and the love between the mother and baby, and this also helped in the mothering process.

### **5.2.1. Existential Perspective**

Developing a relationship with her baby is a social activity, which requires the mother to understand her baby's communication and respond to it. Initially this communication is at a non-verbal or embodied level. Because it is non-verbal mothers may think, as was found in this study, that no communication is taking place until the babies begin to respond through smiling or gurgling. However, this underestimates the amount of communication, and in turn the amount of learning, that takes place in those first weeks and months. Based on the

current findings there does appear to be communication between mother and baby in the early weeks. This non-verbal communication can be understood in light of Merleau-Ponty's (1962) notions of embodiment: that we experience the world through our body: interembodiment: that the mother and baby have an intertwined embodied relationship (Wynn, 1997) and reversibility: that we hold and simultaneously we are held (Merleau-Ponty, 1962). These concepts explain how the mothers in the current study were communicating through their bodies, by holding, touching and responding to their babies.

However, as communication stays at the non-verbal level it is difficult for the mothers to recognise and articulate the communication that has taken place. One of the participants (M5) noted that her particular baby preferred to be soothed when she was standing up but if she tried to soothe someone else's baby in that way they wouldn't like it as much. M5 had noted something about her baby's preference and how it might differ from other babies, but it wasn't until she reflected on this that she realised that this is something she had learnt about her baby. There was another mother in the study (M7), who saw her baby as being an intelligent being right from the start, who could communicate with her and she approached her baby with the attitude of "show me what you can do". M7 she was more tuned into and aware of the non-verbal communication that was taking place between herself and her baby.

The findings have shown that the relationship between the mother and baby develops through *learning together*. It is interesting that the mothers in the current research talked of *learning together*, rather than *learning from* their baby. This finding suggests that through the bodily interactions between mother and baby, they learn about each other and create and develop a relationship with each other. As Miller (1997) noted the mother-baby relationship is interactive and the current findings support this.



The findings have already demonstrated that a new mode of relating opens up when a woman becomes a mother. The findings have shown that in the process of trying to understand her baby she becomes more understanding of others. The mother relates in an *I-Thou* mode, where she is open, receptive and attentive to her baby. Previous authors have described this mode of being as ‘expert listening’ (Levin, 1989) or creating ‘*heartroom*’ (Stadlen, 2011), which describes a process of becoming open and creating a space for a relationship to develop between mother and baby. Although this was not explicitly found in the current findings the mothers all described how important their relationship was with their babies and how focussed and all-encompassing they found themselves being when caring for their babies. By placing the babies at the centre of the mothers’ attention, so that the babies became their sole focus in an all-encompassing way, the participants were describing how they created the space that was needed for them to understand their babies and to develop a relationship.

## 5.3. Living in Time

### 5.3.1. Living in the Present

The mother’s experience of time or temporality, which has been highlighted by the current findings, is an area of motherhood that has been overlooked and has not been written about or researched. The mothers interviewed in this study reported that they were living more in the present, moment to moment and they talked about how immediate their lives had become. They also felt that they had no concept of time. The normal structures and routines of the day were no longer possible and they were now following the rhythm of their babies. The mothers had to adapt to this new sense of temporality, for example to be awake and doing things in the middle of the night. Their experience of the past and future were also affected.

Life had become reduced to the experience of the present and the immediate past and future. As Stadlen (2005) notes 'Living in the present, without much sense of past and future, can feel unfiltered, chaotic and very intense' (2005 p.66). Time itself also feels as if it has sped up as their babies are developing and growing so fast.

### 5.3.2. Existential Perspective

A number of philosophers and psychiatrists have written about time and temporality, (Heidegger, 1927; Minkowsky, 1933 and Binswanger, 1958). They make a distinction between the experience of time and lived time, where lived time is 'the real inner time-happening' and experienced time is the 'objectified, thought time' (Binswanger, 1958 p.301). The mothers interviewed in this study, were describing their experience of lived time and how it manifested itself in their lives. Such as when the participants felt that time had sped up or slowed down or how their sense of the past, present and future had narrowed and felt different from before. Heidegger (1996) talks about the three *ecstasies* of time as being, being-ahead-of-oneself (future), having-been (past) and being-with (present); and how these join together to form the life cycle of existence. So that every moment of *Being* contains within it the past, present and future. The mothers interviewed in this study primarily experienced their lives in the present, the immediate past and immediate future and were focussed, in the main, on existing for their babies. In those moments the mothers were, what Heidegger terms, resolute, he states: 'only as the *present*, in the sense of making present, can resoluteness be what it is, namely, the undistorted letting what it grasps in action be encountered' (1996 p.326). To be resolute is to act according to conscience and one's potential for being, one cannot choose to be resolute and by being resolute *Dasein* is acting in a way that makes sense of life as a whole and in the face of the possibility of death. The mothers in the study were resolute in that their whole beings were directed towards the care

of their babies. For the most part the mothers were not distracted by what Heidegger calls ‘the They’, and they were not *fallen-in* with others. They were trying to respond in the best way possible for their babies and they were well aware of the mortality of the situation both in terms of their own death and that of their babies. In those early weeks and months after the birth, the mothers were very aware of their existence. Minkowsky’s (1933) notion that the present is the zone of activity fits this early stage of motherhood very well. As the current research found the mothers were acting and responding and there was little time for thinking or cognitive appraisal of other aspects of life. The mothers’ actions and energies were totally focussed on their babies and their babies’ lives depended on this.

### 5.3.3. All-consuming

The all-consuming nature of looking after a new baby that the participants experienced may explain how they experienced this resoluteness. There was no space or time for the mothers to be concerned with anything else. Their whole *Being* was directed towards taking care of their babies. They had no time to think about anything other than their babies’ needs and their own basic needs. The all-consuming nature of looking after a new baby means that there was little opportunity for the mothers to process what they are experiencing or to make sense of it. They had immersed themselves into the care of their babies. They did this by giving time and creating a space in order to understand their babies and develop a relationship.

This all-consuming aspect of motherhood also links to Sartre’s (1943) notion that existence precedes essence. In the early stages mothers are purely existing, moment to moment, it is only later that they have time to process what they have experienced and get a sense of what that means to them and their sense of Being.

### 5.3.4. Never Ending

The findings of this study showed that the mothers felt that they were caught up in what they felt was a never ending cycle of working out what needed to happen now and what would be needed soon. The mothers were constantly responding, interacting and trying to learn from their babies so that they could satisfy their babies' needs and pre-empt them if possible. Each choice or decision was seen as important as they wanted to make sure they were making the right choices for their babies at each step. The fragility and vulnerability of the baby meant that each choice was important too, as the baby's existence depended upon it. The mothers would also project themselves and their babies into the future and see that these early choices would have an impact later on. The participants reported how tiring it was to be constantly thinking about what was needed next. This finding confirms Stadlen's observation that keeping your baby in mind requires a great deal of mental work and 'only her tiredness indicates how much mental work it really required' (2011 p.94).

## 5.4. The Unknown

### 5.4.1. Not Knowing

The current findings demonstrate how becoming a mother is entering an unknown world of babies and mothers. The participants felt unskilled and unused to looking after and caring for new-born babies. Little research has been conducted on the mother's experience of 'not knowing' and how this impacts on the mother. From an existential perspective the mothers find themselves 'thrown' into the world of motherhood. Heidegger (1996) uses the concept of *thrownness* to describe how human beings are always projection and therefore possibility. He also uses it to describe how human beings find themselves in a particular society and culture and in particular situations. These situations will limit the possibilities available and

therefore the choices which can be made (1996 p.158). For mothers then, they are thrown into a world that is unfamiliar to them, even if it was one that they had chosen and in which they become totally immersed. They have to be aware of all the possibilities that are open to them in this new world and make choices that are right for themselves and their babies. Rossiter's (1988) research highlighted how new mothers have to find ways of dealing with the uncertainty that is inherent in becoming mothers. Stadlen (2005) describes how uncertainty is a good starting point for a mother, feeling uncertain allows the mother to be flexible and she can begin to learn. This is in line with Husserl's phenomenology, in which he advocates going 'back to the things themselves', i.e. looking at the phenomena or experience anew in order to gain a deeper understanding. Therefore by not knowing the mother is opening herself up to experiencing motherhood and her baby as fully as possible without imposing pre-conceived ideas and judgements. Only by being open and allowing the experience to guide the mother can she really learn about her particular baby and its needs. Rather than seeing uncertainty as incompetence, it suggests that pre-conceptions and advice might actually hinder the mother in being open to her baby and her ability to learn how to mother her particular baby.

The current findings showed the importance of mothers' working things out for themselves, despite feelings of uncertainty and not knowing. This finding casts doubt on those books which advocate externally set routines, such as Ford (2002) and Ezzo and Bucknam (2012). These routines attempt to give the mother a sense of security and knowing and a sense of structure to what may feel a chaotic and out of control experience. However by using a routine the mother is not working out for herself what her baby is communicating.

The current findings suggest that rather than needing advice or a routine to follow, mothers need to feel empowered to work out their own way of mothering and that not knowing is a good place to start from. Rather than worrying about what they don't know, new mothers need encouragement to recognise what they do know and what they have learnt. Further research on this area would be a benefit to mothers and health professionals alike.

#### 5.4.2. Searching for Answers

Being in a place of uncertainty and not knowing is anxiety provoking. As Mulhall explains Heidegger's position: 'Anxiety confronts *Dasein* with the knowledge that it is thrown into the world – always already delivered over to situations of choice and action which matter to it but which it did not itself fully choose or determine.' (1996 p.110). The new mother is in a new world that she has to respond to and make choices that matter but in which she feels out of control. The findings of this research have shown that one way in which a mother tries to ease her anxiety and feelings of 'not knowing', is to search for answers, through talking to others, reading books and researching on the internet. From an existential perspective this can be seen in two ways. The first is that the searching for answers is a way in which the mother can try to avoid her feelings of anxiety if she slavishly follows the advice of others. Heidegger calls this way of being, 'falling in with others', which he sees as an inauthentic way of being. A more authentic way of existing is for the mother to be resolute in her actions and choices. Another way of looking at this search for answers is that the mother is using her experience and the knowledge that is available around her to make the best possible choices in the situation she finds herself in. Not all the advice or information she finds will be relevant or useful, but the participants often used this process to confirm the choices that they already wanted to make. This implies that the mothers feel that there are right and wrong choices to make and that the mothers are not sufficiently confident to state that their choices

are right for them and their babies. As one mother said, 'if you asked enough people you would hear what you wanted to hear' (M4, 297). Searching for answers is another way in which the mother is opening up her experience. She is being open to other perspectives and other ways of doing things. The new mother hasn't established her way of being a mother yet and so by examining other ways in which mothers mother the new mother can make choices about the way in which she responds and relates to her baby.

### **5.4.3. Responsibility**

Perhaps the most crucial aspect of becoming a mother is the responsibility that comes with the role. The current findings demonstrated how much this responsibility meant to the mothers interviewed. There were two aspects to the responsibility, the first aspect concerned being wholly responsible for the life of a vulnerable other, who is completely dependent on the mother. The other aspect concerned the choices that the mother was making, even in those early days and how the participants were very aware of the implications these choices might have on their babies as they grow up. As Stadlen (2005) noted many mothers continue to question their mothering choices for the rest of their lives.

Little has been written on responsibility and motherhood, with the exception of Stern et al (1998), Rossiter (1988) and Stadlen (2005). Stadlen relates the word 'responsible' to 'response', in that the mother is responsible for her baby because she learns to respond to her baby. Stadlen describes how the weight of responsibility falls to the mother for that reason and that even in her absence she is still responsible for her baby. Rossiter (1988) describes how the level of responsibility and attachment a mother feels towards her baby creates a powerful emotional state. The current findings demonstrated that the participants felt a lot of responsibility towards their babies. One mother described how she was everything to her

baby, providing milk, comfort and security. This level of responsibility was also felt by formula feeding mothers as well. The level of responsibility felt huge for the participants and the level of responsibility, and all that it entailed, was something they had not considered before the baby was born.

Stern et al (1998) highlighted that the primary responsibility of a parent is to ensure the baby's survival. They linked this to the survival of the species, i.e. that we are biologically driven to reproduce and ensure the survival of the next generation, thereby handing down our genes. This responsibility, according to Stern et al innately drives the mother to be totally preoccupied with her baby, therefore ensuring its survival. Stern et al state that the mother's concern over the survival of her baby and her ability to enable the baby to grow and thrive throws up the question of whether she is a successful human animal; i.e. will she be able to reproduce and ensure the survival of the species. Stern et al proposes a biological and scientific view of responsibility which was not altogether found in the current findings. The participants did recognise how reliant the babies were on them for their survival which gave their mothering an urgency and importance. As Parker noted a new mother must grapple with the fact that she is both the source of life but also of the potential death for her child as 'she is responsible for keeping alive a child unable to fend for itself outside the womb' (2005 p.12). The findings also showed that the participants were very aware that they were creating the next generation and new members of society. They recognised that a part of 'them' was being continued through the life cycle. The findings showed that the mothers' concerns regarding responsibility were largely relational ones. They were concerned about how their babies will relate to others and society, or how they related to their babies and what effect their interactions would have for their babies' future development.



#### 5.4.4. Existential Perspective

For existential philosophers however, particularly Sartre (1943) and De Beauvoir (1997), responsibility forms the backbone of human existence. Sartre's premise is that to be human is to be wholly responsible for our lives and selves. As human beings we are fundamentally free to choose how we live and to live we must make choices. Part of this freedom is that we are then responsible for those choices and for the life we lead. For the most part we are only responsible for ourselves and we make choices that primarily affect our lives but which will also have an impact on others around us.

Sartre and De Beauvoir did not discuss the responsibility towards another that comes with having a baby. Being totally responsible for the life of another, who is vulnerable, dependent and unable to make choices and effect change on their own, throws light on the very tenets of existence for mothers. Mothers may have been unaware of the extent to which their existence is determined by their choices and the responsibility they face for those choices. This is brought into sharp focus by the birth of their babies when they are suddenly confronted with the reality of existence and their part in it. The participants in this study were very aware of how their choices would impact on themselves and their babies. The choices the mothers had to make at the beginning were urgent and important and felt like life or death choices. The vulnerability of the baby also highlights how vulnerable life and the mother's mortality is. The current findings showed how the mothers were very aware of the consequences of these early choices and how they will set their babies on a certain path, which could also be seen in terms of Heidegger's *thrownness*. Although these choices would not determine the baby they will form part of the limits of the baby's existence and the context into which it was born.

The participants found the constant decision making difficult and very tiring. This was because they saw the enormity of each decision; they were choosing for another and would be answerable for that choice. The participants wanted to make the right decisions for their babies but were often unsure what the right decision was, or how those choices would affect the future.

Although this was not mentioned by the participants another reason why the participants may have felt their responsibility so keenly is because there has been a culture of mother blaming in Western Society (Caplan, 2000). This culture suggests that problems in adult life stem back to childhood and in particular the mothering they received. This may well have been in the background for the participants, as it forms part of the societal view that mothers 'know best'. It is unclear whether this responsibility came from responding to a societal value or whether the mothers were just more aware of their responsibility because their babies were so vulnerable and dependent on them. Either way the participants became more aware of their existence and the impact their choices would have on themselves and their babies.

#### **5.4.5. Worrying**

Examining the responsibility that a new mother faces from an existential perspective also sheds light on the experience of worry for mothers. The current findings showed that the participants worried about: anything new that they had to undertake, how they were able to cope or for the safety of their baby. Whilst the freedom to choose is part of our human condition, Sartre (1943) stressed that the price of this freedom was responsibility, 'man is condemned to be free' (1943 p.439). Sartre recognized that our responsibility towards ourselves caused us to feel anguish,

‘In anguish we do not simply apprehend the fact that the possibilities which we project are perpetually eaten away by our freedom-to-come; in addition we apprehend our choice – i.e., ourselves – as *unjustifiable*. This means that we apprehend our choice as not deriving from any prior reality but rather as being about to serve as foundation for the ensemble of significations which constitute reality.’ (1943 p.464).

From a Sartrean perspective worrying, can be seen as a mother examining the possible choices or eventualities that confront her at any one moment and which may become part of her reality. She is aware of her choices and must make a choice in the full knowledge that she does not really know which the right choice to make is or what the consequences of that choice might be. So the mother is very aware of her existence and the choices she is making and how those choices will impact on her and her baby. Stadlen redefines worry as ‘intelligent motherly concern’ (2005 p.20) and as being careful as ‘she hasn’t got enough experience to be able to assess risks accurately’ (2005 p.20). However, it seemed that the participants in this study were all too aware of the risks and the choices that were before them and they have to choose regardless. Stern (1998) and Price (1988) see worry as an evolutionary adaptation, a primitive response to the possible dangers surrounding the baby. However the findings of the current research suggest that worry can also be seen as awareness of our very existence, and of our freedom, choice and responsibility and the fragility of life. This concurs with Stadlen’s view that ‘all these worries are often dismissed as morbid, but surely mothers are facing up to life’s realities’ (2005 p.198).

The participants in this study tended to worry about things that really mattered. One mother worried whether she would bond with her baby another worried when her baby was ill. One mother worried about little things that might seem inconsequential but were all about taking care of her baby and her anxiety of being able to provide for her baby’s needs. The worry then came from concern and care that the mother had for her baby and an awareness of the reality of existence.

Although it was not reported by the mothers in the current study, in extreme cases the worry experienced by new mothers can lead to maternal anxiety and postnatal depression. Previous research has shown a link between anxiety and depression, In particular a correlation between antenatal anxiety and postnatal depression has been shown (Austin et al, 2007).

## **5.5. Life is Different**

### **5.5.1. Nothing Prepares You**

The rise in antenatal classes and books on motherhood go some way in helping the new mother prepare for motherhood. But as the findings of this study showed however much preparation has been done, nothing really prepares the mother for the actual experience of motherhood. This finding accords with Stadlen's (2005) view, who attributes this to changes in our culture whereby women are no longer involved in motherly responsibilities and come to motherhood as adults with very little practical experience of being with a baby. Even women who have had previous experience of caring for babies or young children can still feel unprepared for the actual experience of caring for their own baby.

Miller's (2005) research had similar findings, she noted that whilst mothers were somewhat prepared for the birth of their baby they were given no preparation on how to cope with being a mother. Price also noted that mothers would often say 'why didn't someone tell me it would be like this?' (1988 p. 125). Price believed they were referring 'to their sense of desolation and annihilation' (1988 p. 125) that was felt after the birth. The current findings showed that the participants did realise that motherhood would be different from what they expected but there was still a disbelief in how different the actual experience was. This

finding confirms Stadlen's view, who suggests that mothers can be prepared to be surprised (2005 p.29). Some of the participants tried to articulate what the actual experience was like, for M7 it was that 'you're forever vulnerable' (M7,118-119) . This finding suggests that what the mothers were not able to prepare for was how they would feel on becoming a mother. The findings have highlighted that this is an important area that needs to be addressed. The lack of emotional preparation for mothers suggests that it is considered less important than the physical care of babies and yet if mothers are emotionally supported they will be better able to cope with the practicalities of looking after their babies.

The other aspect of 'nothing prepares you' is that each baby is different and unique and each mother and baby bond is different too. Although general preparations can be made beforehand, the full experience will not be felt until the baby is born. The participants felt that they had to live the experience and learn as they went along.

The theme 'nothing prepares you' highlights a lack of societal discourse on the actual emotional experience of becoming a mother. There is also a lack of seeing babies as unique individuals and recognising the uniqueness of the mother-baby bond. The way in which advice is given to new mothers suggests that all babies behave and develop in similar ways. The focus should shift to helping mothers work out what their particular baby needs rather than what their baby should be doing.

### **5.5.2. Life Before Doesn't Exist**

The current research found that the mothers interviewed found it difficult to remember what life was like before the baby was born, so all-encompassing was the experience of motherhood. This theme links into the *Living in Time* theme as it concerns the mothers'

experience of her past, present and future. Some of the mothers reported feeling that their lives had started again as soon as the babies had arrived. There is an element that as the baby is so all-encompassing and the mother's life has become very different to the previous way in which she had lived it that life before her baby recedes into the background. The baby has become an integral part of her life, the focus of her attention and energies and therefore life before the baby, however recent that might be, seems another life time away. This concurs with Smith's (1994) research who suggested that a mother's perspective had shifted so much that it affected or distorted her perception of the past. He believed that the strength of the mother-child bond meant that it felt as if it had always existed so that an alternative could not be imagined. Figes (1998) points to how the mother's previous life, although still integral to the mother, recedes because it becomes less important.

### **5.5.3. Life is Different**

The *Life is Different* theme highlights how different life becomes for mothers once their babies have arrived. As Price states, 'Having a baby changes everything, both within and around a woman. Nothing is the same again and that over-whelming unfamiliarity is frightening to even the most capable and supported of people' (1988 p.126). Miller reports a similar finding 'This period of transition – "a different world at the moment", which lacks any "constant sort of stability", is differently experienced by the women as they each try to come to terms with becoming a mother' (2005 p.104). Stadlen echoes this 'once a baby is born, a woman's life is completely changed' (2005 p.34). The current findings concur with the previous research that becoming a mother means that life is very different from before in almost every way. The participants' day had a new structure; they had new skills to learn and new equipment to master. The participants were also learning how to respond to their baby. The participants talked about 'entering a whole new world' in which they knew nothing about

and that they were just feeling their way through. However as with any new experience as time went by the mothers started to feel that this new way of living was becoming normal.

#### **5.5.4. Shock**

Some of the mothers who took part in the current research, talked about the shock of becoming a mother. Other authors and researchers have commented on this too. 'In interviews that I have conducted with first-time mothers a few weeks after childbirth, they often talk about their shock at the disruption of established living patterns once there is a baby in the house' (Kitzinger, 1992 p.193). Figs went so far as to say that 'Any woman who says that she never felt shocked or overwhelmed by the anarchy of new motherhood is probably lying' (1998 p.23). Figs describes this as 'nurture shock' (1988 p.27). Stadlen tries to offer an explanation in that 'part of the shock is being uneducated for such a change of orientation' (2005 p.31), there being a mismatch between the mother's expectations and her experience. This concurs with the research conducted by Read et al (2012) who found that the shock reported by new mothers was due to the gap between their expectations and the reality of motherhood. They went further to suggest that the social discourse on motherhood helped to create this gap and that new mothers had been misinformed or misled in their expectations of what motherhood was like. Stadlen identified that 'the sense of shock seems to be at its greatest while the relationship is getting started' (2005 p.41), i.e. when the baby is newly born and the mother has not had time to learn from her experience or other mothers. The current research found that part of the shock was also to do with the lack of time mothers had to process and think about what was happening to them. They were caught up in the experience of responding to and caring for their babies and being confronted by a totally new and somewhat 'alien' world and were unable to reassess their expectations or reflect on what was happening to them.

### **5.5.5. Existential Perspective**

The main tenet of this theme is how different the new mother's life has become. She enters a whole new world, which is so different from her pre-baby days that she feels she cannot prepare for it and the expectations she had before the birth do not match up with the reality of motherhood. Her baby consumes all her time and her thoughts so that there is no space for the new mother to reassess her expectations. Whilst this allows the mother to remain open and develop her own style of mothering, it can be a very daunting and anxiety provoking experience as there is no familiar territory for her to hold on to. She has entered a whole new world and she feels like her life is starting over again with the birth of her baby. So much so that her previous life feels like it is in the distant past and doesn't exist anymore. Part of this is because her baby has become central to her life, her world changes to accommodate this shift. This shift in focus and lived experience also reflects a shift in priorities so that her baby and the life she is creating for her family becomes paramount. The mother's previous life although integral to the mother becomes less important and therefore feels more distant as her life is taken up with this new and all-consuming stage. All this can be experienced as shock to the mother who can't quite believe how different her life has become.

## **5.6. Challenging Expectations**

### **5.6.1. The Surprise of Feeling Confident**

The current findings found that some of the mothers interviewed were surprised to find that they were confident in their abilities to mother and care for their babies. As found in the previous theme so much of the participants' lives had changed and they found themselves in a new situation which wasn't what they had expected and for which they didn't feel prepared



for. Yet despite this they were able to feel some confidence in their knowledge about their babies and this was often a surprise to them. Looking at this in terms of expectations, the mother's initial expectations are quickly replaced by unknowing, such as 'I don't know what to do' or 'I know nothing'. However, although it might at first seem like this is the case the participants learnt quickly and responded to their babies and each time they responded they learnt something new about their babies. Therefore the mother is surprised at what she has learnt and also her confidence in her abilities. This concurs with Stadlen's (2005) observation that through constantly observing her baby, the mother begins to learn about her baby and its needs and preferences. The participants in the current study were constantly observing their babies and these observations gave them knowledge and confidence. The surprise the participants felt was because they had not realised how much they had learnt.

### **5.6.2. Feeling Out of Control**

Feeling out of control reflected an aspect of how the participants' lives had changed since having their babies. Before the birth, the participants had felt in charge of their lives which concurs with Miller's point that 'the very things that patterned these women's pre-baby lives – planning, coping and having control – are the very constituents of a life that now, at times, elude them' (2005 p.108). The participants particularly felt out of control in the beginning when there was more uncertainty and no routine or pattern to follow. This was also noted by Stadlen: 'Many mothers describe a period of chaos in the early weeks, which they find extremely frightening. By chaos, they mean that they cannot perceive much pattern or logic in what their babies appear to be doing' (2005 p.91-92). This also concurs with Figs observation that: 'Accepting motherhood means accepting the random chaotic nature of daily life' (1998 p.45). Some of the mothers in the current study came to realise that they were trying to control something that was outside of their control and they came to a point where

they had to shift their expectations. The shift in expectations meant the mothers had to ‘let go’ of some of their pre-conceived ideas and images of how to be a mother and go with the experience of being with their babies. Stadlen talks about the ‘letting go’ process as being a process of the mother letting herself go: ‘People have described a mother’s journey as a “letting go” process. But in a sense, she never completely lets go, and can never quite return to the woman she was’ (2005 p.184-185). However the current findings seem to suggest that what the mothers are ‘letting go’ of are their own expectations, ideals and images of what they expect motherhood to be about and in the process they learn to ‘go with’ their babies and their new way of life. This finding will not relate to the experience of all mothers; some mothers embrace baby-led mothering from the start; whereas other mothers prefer a more parent-led routine. However, this finding refers to those mothers in the study who felt competent and in control of their lives before having a baby and who felt out of control when looking after their babies, when they felt nothing was working. One mother M5 had tried to follow Gina Ford’s routines but had found it difficult to get her baby into the routine. Another mother had found the lack of knowing difficult. For those mothers a shift was needed from feeling like they needed to impose some order and to be in control to learning to live with the uncertainty and unknowing that comes with a new baby. The shift also meant being open to learning from their babies and their experience. This shift could be seen in terms of these mothers moving from a parent-led mode to a more reciprocal mode of mothering.

### **5.6.3. New Purpose in Life**

The shift in expectations also means a shift in values and beliefs as the new mother starts to look at her life in a different way. The current findings showed that having a baby gave the participants a new purpose in life. They felt that their priorities had changed and their babies

were now the focus of their lives and also the most important thing. The participants in the current study found that a shift had occurred within them and they had moved away from the things that had previously been important to them, such as their career, towards their babies. As M7 stated caring for and bringing up a baby would be her legacy and her achievement and it became much more important than the achievements she had made in the working world. A baby gave the participants a sense of purpose, a direction in their lives and a new sense of meaning. This finding concurs with Prinds et al that the 'Motherhood transition is considered an event that may lead to changes in our values and ideas of what creates meaning in life' (2013 p.3). Stadlen (2005) noted that the inevitable slowing down that occurs when tuning into a baby allows the mother to gain a new awareness of life and teaches them something new about life itself.

#### **5.6.4. Existential Perspective**

Whilst existential philosophers believe that freedom is an aspect of our human existence, there are also limits to this freedom and therefore our existence. Jaspers (1951) called these limits of our existence 'ultimate situations':

'There are situations which remain essentially the same even if their momentary aspect changes and their shattering force is obscured: I must die, I must suffer, I must struggle, I am subject to chance, I involve myself inexorably in guilt. We call these fundamental situations of our existence ultimate situations.' (1951 p.20).

Becoming a mother is a confrontation with the unknown aspects of life. Everything that a mother previously knows becomes redundant when she is faced with this very different experience. For some mothers even their values, beliefs and expectations are called into question, which means that they have nothing to fall back on. In these early stages of motherhood, the mother becomes very aware of the limits of her existence. Some mothers try to impose some control onto their situation and some realise that this is not possible. This

was the case for some of the mothers in the current study. They recognised that as much as they wanted to feel in control they were in a situation that was not controllable and they came up against Jaspers' (1951) 'ultimate situations'.

Viewing Jaspers 'ultimate situations' from the perspective of motherhood, the new mother suffers during childbirth to bring the baby into the world and then struggles to learn and care for her baby in the completely new world that she finds herself in. This new world she soon discovers is one that she has little control over, she is subject to chance and by accepting this, the mother is able to 'let go' of her previously held expectations and beliefs and she learns to 'go with' the baby rather than against him.

Becoming a mother is a period in which she re-evaluates her life. Frankl (1964) discerned three ways in which life can be made meaningful:

- a) we find meaning through what we give to life in terms of our creative works and the deeds that we do.
- b) we find meaning through what we take from the world in terms of our experiencing values. This is the meaning we find through loving the world and everything in it.
- c) we find meaning by the stand we take towards a fate we no longer can change. The latter is the meaning of suffering.

The mother reassesses expectations and beliefs in light of her new experience. The mother's values also change as she begins to value the family life she is creating. These changes in values and beliefs also bring about a new purpose in life. The mother gains a new perspective on her life and what is important, what was once important, such as the mother's career and work may now no longer hold true. Her baby has become her purpose in life and gives her life meaning.

Having a baby and caring for it is a ‘true creative act’, as Kristeva (2002) stressed. For Kristeva the mother’s genius is that she creates new human beings which are unique and will form part of the human race. The mothers in this study understood this and this element will be discussed further in the next section under *Important Role*. From Frankl’s perspective this creativity, having and caring for a baby, makes the new mother’s life meaningful. Stadlen has also noted that the love the mother feels towards her baby ‘may lead her to a new appreciation of life itself’ (2005 p.163).

## **5.7. Motherhood Identity Theme**

### **5.7.1. Not Feeling Like a Mother**

The theme ‘not feeling like a mother’ found in the current research, originates from a sense that the mothers’ experience did not fit with their own, or the cultural and societal expectations and images of what a ‘mother’ should be. The mothers interviewed felt the label ‘mum’ represented a certain quality that they did not possess, whether that was confidence, overprotectiveness or a sense of being boring. Some of the mothers also felt that their image of what a mother was came from media portrayals or societal ideals, such as the image of the ‘stay at home’ mum. One of the mothers described how her view of ‘mother’ came from preconceptions that she had growing up, however for the other participants it seemed their views came from how mothers were portrayed in the media and how people in general talk about mothers. One mother didn’t want to be a boring mother who only talked about her baby and another mother felt that the image of a stay at home mother was that she was lazy and sat around all day. These seem to be value laden images which have come from society rather than reactions against images of their own mother which they have internalised.

Further research into how women conceive ideas around motherhood would be interesting as it would also enable these ideas to be challenged. Douglas and Michaels (2004) explored how images of mothers and babies have been portrayed in magazines and newspapers over time and how these images allow preconceptions to be formed subconsciously. Although the findings of this study did not explicitly explore this aspect what did come out was that the image of ‘mother’ had a negative connotation for the participants and did not match their own views of themselves as mothers.

Much has been written from a feminist perspective on the image of ‘mothers’ in society and their roles and responsibilities (Oakley, 1987 and Badinter, 1981). The focus of this writing and research centres on the myths and images of motherhood which are perpetuated by society. Rossiter warns that often the images of ‘mothers’ that are produced by experts ‘become final statements of how mothers *naturally are*’ (1988 p.17). Price (1988) also stresses how images of motherhood have been whitewashed and only stress the positive, happy aspects of the experience, leading women to gain a distorted view of the experience. Parker (2005) concurs that how a mother feels about mothering is determined by the culture in which she lives. For Miller (2005) this will also determine what can and cannot be said about the experiences of mothers. Urwin et al’s (2013) research shows how cultural values and traditions ‘surround’ and ‘influence’ the mother. They concluded that ‘a combination of her own wishes, satisfactions, practices, and outcomes of her own thinking – all accommodating to the reality of *being* a mother – took a new shape in the processes of *becoming* a mother as a psychological trajectory’. (2013 p.478). This research highlights the complex negotiations mothers go through, as they reassess their cultural ideals and perceptions having matched these to their experiences and their wishes and desires. The mothers in the current study felt that there was such a mismatch between their experience and

the images and perceptions they had of motherhood that it led them to not feel like a mother. This suggests a need for a new image of 'mother' in Western society which more closely matches the experiences new mothers are facing. As one participant noted, there are all different kinds of mothers and yet society portrays a particular view of 'mumminess' in her view that does not apply to many. A new image of mother will inevitably come about as more authors and researchers are writing about how mothers are experiencing motherhood in the present day and some of the 'mask of silence' that authors such as Maushart (1999) described is being lifted.

There was also an element of this theme that reflected the gap the mothers were experiencing in that they had rejected the cultural ideal of 'mother' but had not as yet replaced it with a new image of the type of mother they were becoming. Kristeva (2002), Miller (2005) and Stadlen (2005) all talk about how beginning to feel like a 'mother' was a slow process. However, there is an expectation that as soon as a baby is born the mother becomes this new identity 'mother', but it takes a while for the mother to work out what that means to her personally. Miller stresses that 'the experience of giving birth and being responsible for a child precipitates both an ontological shift and a narrative turning point' (2005p.110). The current findings showed that it is only over time and through interacting with the baby and doing 'mothering work' that the mother will get a sense of herself as mother. This Miller sees as a social rather than an essentialist self. One participant described how it took her a while to grow into feeling like she was a mother and that at first she could not identify with the label 'mum'. This mother felt that she just focussed on what was happening in the moment rather than thinking about her experience and its effect on her.

### 5.7.2. Adopting a Motherhood Identity

The mothers in the current study reported that becoming a mother involved a change in the way they thought about themselves. For some it was a stripping back of their identity to nothing and then gradually building it back up again. For others it was a case of adding a new aspect to their identity. Research carried out by Lawler and Sinclair (2003), Barclay et al (1997) and Weaver and Ussher (1997) have demonstrated how new mothers can experience a loss in their sense of self; and this was experienced by two of the participants to a certain extent.

Previous literature has suggested that motherhood is a transition time in which the mother reorganises and transforms her self-identity (Stadlen, 2005 and Stern, 1995). Other research has concentrated on how the mother undergoes this transformation and has focused on more ontological issues such as how selves are conceived and changed. Some of the mothers in the current research stated how they felt stripped back to nothing and that a sense of self was gradually gained through looking after their baby. From an existential perspective this experience is in line with Sartre's (1943) notion that 'existence precedes essence'. The mothers' experience in the current research confirms this in that they felt that they started from a position of nothingness and through their experience of caring for and looking after their babies they got a sense of what being a mother meant to them. Their sense of themselves as mothers came from their experience and interaction with their babies and with others.

Other authors have taken a similar position in seeing selves as complex and changing constructs (Miller, 2005). Deutsch et al (1988) found that mothers actively construct their identities by seeking out information which helped them form self-concepts. Wetherell's



(2009) research showed how mothers developed and created a sense of motherhood out of their experience, their life histories and their relationships. These elements of the self however are seen as a process, a continual interchange between the internal and social worlds, rather than an essence that is fixed and complete. Butterfield (2010) takes an existential view of the identity of 'mother'. She states that because of our fundamental freedom we are always more than the identity we possess, so a mother is never essentially just a mother. Butterfield stresses that each individual mother will define what being a mother means to her and how she lives her identity. She believes that being a mother is ambiguous, because mothers are both individual and social and both free and determined. This means that a motherhood identity is an ongoing process that involves constant negotiation and renegotiation as the mother interacts and gains more experiences. This view of motherhood concurs with the current findings. The participants varied in their experiences but all the mothers felt that the way they felt about themselves had changed. One mother felt that every aspect of her identity had changed. Whereas some of the other mothers felt they were adding an aspect to themselves, that of mother. All the participants felt that their identity as a mother developed over time and grew out of their interactions and experiences.

### **5.7.3. Not Feeling Different**

This was an unexpected theme to emerge from the findings but it is also a paradoxical theme and may go some way to expressing how the participants were feeling about their experience of becoming a mother. On the one hand they reported that they didn't feel any different, they still felt like themselves but they were a mother too. But on the other hand, once they started to explore this idea further they realised how different their life had become. Not only that but that it had also affected how they thought about themselves. This paradoxical situation suggests that the mothers were still grappling with incorporating the identities and roles that

they had into something meaningful for themselves. One of the mothers recognised that once her baby slept in the evening she found herself feeling like she had done before she had had the baby. She even went so far as to say she could ‘switch off the mum’, before correcting herself and realising that she could never ‘switch off the mum’. The findings suggested that the participants experienced motherhood as another aspect of themselves. Although these new motherhood experiences had not been incorporated or made sense of in those early weeks and months. One participant described it as taking on a different identity; you have a working identity, a home identity and now a mother identity. This suggests that at different times different aspects of the mother come to the fore. The ‘not feeling different’ theme that emerged from the findings suggested that rather than the mothers creating an entirely new identity for themselves they were adapting their identity, or adding an aspect to it, to incorporate their new experiences. This finding differs from Smith’s (1994) proposed explanation: that because the mothers were undergoing a time of extreme change they felt a psychological need to create a sense of order by emphasizing how much she remained constant despite the huge change. His research also suggested that mothers construct a number of narratives and sometimes these narratives are contradictory and that through a process of retrospection and reconstruction a new identity is developed. The current findings do support the research conducted by Bailey (1999) who found that women didn’t undergo a complete change in themselves; rather the transition to motherhood was a pivot point for them to renew their personal narrative. The research conducted by Smith and Bailey showed that motherhood is a time when mothers renew the narratives they construct of themselves and this renewal is a complex process which requires retrospection. The current findings have also demonstrated that because of the all-consuming nature of motherhood there is little time for retrospection and self-reflection and therefore it takes time for the mother to make sense of what being a mother means to her and how this will affect her sense of herself.

#### 5.7.4. Important Role

This finding relates to the value and importance the participants placed on their role in bringing up a baby which will be part of the next generation and part of society. The participants were able to see past the immediate care of their babies to the impact and importance of bringing those babies into society. This finding concurs with Laney et al's (2014) research that motherhood extends mothers into future generations and the differences and influences they make will outlive their physical existence. The findings of the current research also concurs with Stadlen's (2005) view that society depends on how the mother relates to her child and that socialisation is the aspect of a mother's work that is often overlooked. This echoes Rossiter's view that 'The first assumption was that something could be found in nothing – since apparently mothering was made up of doing nothing . . . yet I knew that all of that Nothingness was in fact everything: that is, the reproduction of the next generation, physically and emotionally' (1988 p.19).

The mothers in the current study were aware of their place in the generations and how they will be carried forward in their children. De Beauvoir (1997) also talked about the 'great cycle of the species', where the mother moves along the life cycle with the birth of her child. This awareness of moving along the life cycle also brings an awareness of the mother's mortality. The importance and value of this aspect of mothering was also demonstrated by the participants who were quite emotional when talking about it. They realised the privilege they felt at being influential in their child's life but they also understood the responsibility that comes with this.

This theme also links in with a previous theme of finding a new purpose in life. The mothers in this current study were acknowledging the enormity and importance of the role of being a mother and also that this role had value for them and added meaning to their life.

### **5.7.5. Existential Perspective**

From an existential perspective (Kierkegaard (1980), Heidegger (1996), Sartre (1943)) there is no notion of a fixed and solid concept of self, rather we are always in a process of becoming. Therefore the self is more temporal and ever changing, ‘a being with unrealised potential’ (Warnock, 1970: 94). Sartre believes that “existence precedes essence” and that fundamentally we are nothingness, we gain a sense of who we are through our existence in the world and our interactions with others.

The research on motherhood identity and indeed the current research would seem to bear this out. Motherhood is one of the only times in a woman’s life where her life changes so dramatically and calls into question her very identity. This would explain the research interest into motherhood and identity. Previous research on the topic has confirmed that identity is actively and creatively made (Wetherell, 2009) and that it is always a process (Hollway, 2010) which would confirm an existential view of self. Mead’s (1934) proposal of a reflexive model of the person, in which the view of self could be modified and came out of social interaction, echoes Heidegger’s (1996) notion that we are Being-in-the-world.

Heidegger posits that we are constantly in relation with others and how we relate to others determines how we think about ourselves. Blumenthal’s (1999) research confirms this as she believes we have a metaphysical link with other human beings suggesting that identity is co-created and comes through collaboration with others. She believed that mothers had multiple identities which shift as their relationships change over time. Smith (1994) also found that

mothers constructed and reconstructed their self-concept as they went through the transition to motherhood. He believed this identity transformation was a complex and dynamic process which involved cognition, motivation and discourse working together. Laney et al (2014) found that motherhood actually expanded the mothers' self in four dimensions, personally, relationally, generationally and vocationally.

Therefore there is a temporal aspect to the dynamic and complex process of identity transformation. Our sense of identity changes over time and reflects our relationships with the world and other people. MacIntyre (1981), Carr (1986) and Ricoeur (1992) use the term narrative identity to encompass our personal past, present and future into a meaningful coherence. They believe that we are immersed in a narrative about our lives and we are in a process of recounting and reassessing the meaning of those narratives. This concurs with Heidegger's (1996) view that we do not live our temporality in a linear way but instead we carry our past with us into the present and project ourselves forwards into the future. In terms of the current research, it was interesting that most of the participants did not talk about their birth experiences or their experience of infant feeding. Instead the focus of the participants was on their sense of identity, making sense of their motherhood experiences and what being a mother meant to them. This highlighted the temporal aspect of identity in terms of the mothers' narratives. Twelve months after the birth the mothers' preoccupations had gradually moved from narratives about the birth and their experience of infant feeding to narratives about their sense of themselves as a mother. Although the previous narratives will still form a part of the mothers' overall identity and experience, there had been a gradual shift in their focus.

Initially the mothers in the current study found that their pre-conceived ideas and images of ‘mother’ were not matching up to their experience. Some of the mothers described the process as a stripping back of their identity, to what Sartre would call nothingness. The current findings confirmed an existential view of self; in that our experience and our relationships affect the sense we have of ourselves. The participants in the current study didn’t feel any different at first and yet their life had become very different and they had taken on a new role and responsibility. Over time the participants began to make sense of what being a mother meant to them personally. This occurred through their experience of relating to their babies and to others and they began to feel more comfortable with the label ‘mum’. This suggests that as our experiences and relationships change we change with them, we are a process of becoming. Likewise the participants’ views of themselves as mothers will also change over time as their experience changes.

## **5.8. Difficult Times**

During the interviews the participants described some of the difficulties that they had encountered in the early stages of motherhood. Although none of the mothers reported feeling depressed, they described times when they felt stressed, shell-shocked, sleep deprived, fed up, frustrated, exhausted, emotional and raw. Two of the mothers couldn’t get over how hard the whole experience was, while another dreaded the nights because she couldn’t relax and couldn’t get to sleep. Another mother talked of going back to bed and putting her head under the covers and crying. It is interesting that even for this well-supported group of mothers, motherhood was at times an emotional and physical drain on them. These findings confirm Price’s (1988) view that motherhood can be the best or worst emotional experience of a woman’s life. Price believes that motherhood leaves the woman psychologically vulnerable which can lead to a large proportion of mothers experiencing mild

to moderate forms of depression in the first year. Although the current participants did not report feelings of depression, the difficult times that they did describe showed how psychologically vulnerable the mothers were. Two of the participants used quite strong images to describe their experience of motherhood. M7 described it as 'being hit by a steam train, but in a good way' (M7, 111-112) and M5 felt that the amount of control that was lost in being a mother was similar to being in a very major road traffic accident. Both images describe a traumatic event. Luckily for the current participants they had good support networks and as the previous findings have shown this enabled them to 'reset' or 'distract' themselves from the difficulties that they were experiencing. Being able to share their experiences with other mothers also put their experiences into perspective and helped them to see that what they were experiencing was normal.

The current findings also highlighted ways in which the mothers used their personal resources to overcome the emotional vulnerability that they experienced. The study found that the participants recognised that it wasn't possible to 'give up' when challenges arose and so they had to find strategies to help them get through the difficult times. The mothers in the study believed they had to be resilient and were motivated to find ways of coping for the sake of their babies. Each mother had her own way of dealing with situations as they arose. This finding concurred with Currie's (2009) research which found that women who had an array of strategies available to them felt more confident dealing with new challenges later on. Currie examined the way in which mothers' confidence in their ability to cope increased if one of their strategies had been successful. Ngai et al (2011) also found that perseverance was a quality that mothers employed when dealing with the challenges of early motherhood. The current findings suggested that as the mothers are unable to 'give up'; they were motivated to find a way through the difficult times. They had to draw deeply on their own

personal reserves, finding resilience, in order to find a successful strategy to help them through the challenge. They described needing to find extra energy in order to do the things that needed to be done. Rogen et al (1997) also described the personal strength and resourcefulness needed by mothers to ‘work it out’.

## **5.9. Approaching Motherhood**

The findings from the Meta-analysis showed that each mother approached motherhood in her own way. It also showed that the mothers’ experience depended on their expectations as well as their personal outlook on life and way of coping with new experiences. Some of the mothers had an open and relaxed approach to motherhood, expecting the unexpected. Others however, felt out of control and it was these mothers who struggled to control something that they could not; who finally realised that they needed to surrender to the experience and ‘go with’ the baby. Hunter (1997) sees surrender as ‘giving yourself wholeheartedly to your child’ and that this is something the mother has to consciously or unconsciously decide as she goes through the transition to motherhood. This finding also confirms Stadlen’s (2005) view that by surrendering the mother was often able to move forward onto something more effortless. This view resonated with the experience of one of the participants who described how once she had surrendered she relaxed into motherhood. This aspect of surrender is also about being open to the experience without trying to impose any pre-conceived notions or expectations. Those participants who were able to do this seemed better able to cope with the demands of looking after a new baby. The surrender can also be seen in terms of the mothers giving themselves over to motherhood in a whole-hearted and all-encompassing way.

From an existential perspective surrendering can be seen in terms of the mothers becoming more phenomenological in their attitude. The mothers became more open to the experience



of motherhood; they put aside their previous expectations and tried to understand their babies from what was being revealed in their interactions and by observing them.

## **5.10. Ontological Aspects of Motherhood**

The current research sought to uncover the experience and meaning of becoming a mother. The findings therefore give an ontic description of this; however the findings have also shown the ontological nature of motherhood. Becoming a mother has been shown by this research to impact on every level or dimension of existence. The existential exploration of the findings has given a different perspective and understanding of the experience of becoming a mother. The new mother has much to grapple with as she relates to and learns from her baby but at the same time the mother is also confronted by the very tenets of existence. Pregnancy, birth and caring for a vulnerable new-born, brings the mother's existence to the fore and she is confronted with life and death, both her own and her baby's. The new mother must also grapple with issues around her personal freedom, her choices and the consequences of those choices. She becomes responsible for another, who is vulnerable and unable to choose for themselves and this responsibility can often feel enormous. At the same time the mother questions her very being and tries to make sense of her new experience and role and how that is going to impact on her sense of herself and her identity. The mother's meaning and purpose in life also changes as she re-evaluates her values and beliefs. Motherhood therefore is not just about bringing a new life into the world and caring for it, it also involves being confronted by existence. In those early months the new mother gains an awareness of existence as a whole and her place in it. She also has to confront the very notion of her own Being and how she makes sense of this. The transition to motherhood therefore is a transition in life, a window of awareness opens up for the mother and she sees existence in its raw state, this awareness will not always be so acute as it is in those early

months of motherhood, but it is momentous enough for the mother to make significant changes in how she thinks about herself, her life and its meaning and purpose.

## 6. Conclusion

### 6.1. Summary

For the participants in this study motherhood has been a time of considerable change, both in terms of their way of life but also in their sense of themselves. Whilst previous research has studied different aspects of the motherhood transition, the aim of this research was to offer an existential understanding of the transition. The major themes found in this research were:

*Being with Others, Developing a Relationship with the Baby, Living in Time, The Unknown, Life is Different, Challenging Expectations, Motherhood Identity and Overcoming Difficult Times.* These themes demonstrated the complexity of the transition that women make when they become mothers. The existential analysis of the findings showed that the mothers in the study experienced a change on every dimension or level of existence: physical, social, personal and spiritual. These changes affected their social relationships and the way they related to their babies and to others. It also affected their relationships to their physical being and their sense of space and time. Their sense of self was also affected and their values, beliefs and expectations were challenged. These findings demonstrate the enormity of the experience of becoming a mother and that the mother has much to contend with.

The findings also showed that motherhood was an ontological experience. The new mothers, through becoming mothers became aware of aspects of their existence, such as their freedom, choice and responsibility. The participants were very aware of their responsibility, both in terms of the choices they were making for their babies and themselves and the impact these choices will have. They were also aware that they were totally responsible for the life of a vulnerable other that depended on them. The participants were also mindful of the fact that they were responsible for creating the next generation and members of society. The

participants were also very conscious of their own mortality and the vulnerability of their babies' life. The participants' experience of time and temporality was also changed as they became mothers. They reported living more in the present, moment to moment and in these moments when their attention was focussed wholly on understanding their baby, they were being 'resolute' (Heidegger, 1996). The all-consuming nature of motherhood meant that the past felt like it didn't exist anymore and receded into the background and the future was also foreshortened to the next hour or day.

Other ontological considerations concerned the mothers' '*thrownness*' (Heidegger, 1996) and their experience of the unknown. The participants were able to overcome these ontological confrontations by being 'resolute' (Heidegger, 1996) and placing their babies and their 'mothering work' at the centre of their attention in an all-encompassing way. They also discovered that being confronted by the limits of their existence they needed to 'go with' their babies and adjust their expectations accordingly. The shift the participants needed to make in their expectations also led to a re-evaluation of their values and beliefs. The participants' strength of feeling towards their babies also led to them to feeling that their lives had become more meaningful and that they had a new purpose and direction in life.

The transition to motherhood also involves a change in the mothers' sense of themselves. The mothers were confronted with a whole new world which they knew very little about and their way of life also became very different. The mothers felt a mismatch between their experiences and the images they had of 'mother', and this led them to not feel like a mother. A sense of being a 'mother' was shown to gradually develop out of the mothers' experiences and their interactions with their babies and others. This confirms an existential view of self that 'existence precedes essence' (Sartre, 1943). The findings also showed that being a

‘mother’ was just one aspect of the mothers’ identity and that it takes time for this aspect to be incorporated as the mothers have little time to reflect upon their experiences.

The findings of this research demonstrated that an existential analysis of the transition to motherhood gives a new perspective on the current literature and adds a new dimension to the understanding of motherhood experiences.

## **6.2. Significance of the Study**

This study offers an alternative perspective to the transition to motherhood and elucidates a deeper understanding of the existential issues that are inherent in becoming a mother. The findings also make a contribution to the field of existential theory. In terms of specific significance the findings have elucidated the way in which the mothers were supported by other people. The participants described how meeting regularly with other mothers helped to ‘reset’ them so that any difficulties they were experiencing were put in the past and the mother could go forward feeling renewed and with more strength. This is important as it demonstrates the way in which others can help new mothers cope with the experience of motherhood. This finding is also contrary to previous research that mothers do not talk to each other about the true nature of their motherhood experience. The findings also gave a description of how mothers related to their babies in an *I-Thou* way and that this mode of relating that they used to understand their babies was extended to other people as well. The findings demonstrated that mothers and babies developed a reciprocal relationship and that mothers learnt together with their babies how to relate to each other. It was a gradual process and a subtle learning which comprised of looking for sounds and cries and placing their babies in the centre of their attention.

Another significant finding of this study centres on the unknown aspect of motherhood and that rather than seeing 'not knowing' as a sign of incompetence it can actually help the mother become more open to her experience. The findings showed that by not knowing the mother was more open to the experience of motherhood and could discover her particular way of mothering based on the interactions she had with her baby. Those mothers who attempted to control their experience often found that they needed to make a shift in their expectations and that they needed 'go with' their babies. The findings also redefined worrying as facing up to the realities of existence and that the worry was centred on the care and concern the mothers had for their babies.

The findings have highlighted the importance of attending to the emotional experience of new mothers. They have also demonstrated the complex nature of the transition to motherhood. The findings will give health professionals and practitioners a new perspective on working with mothers. Mothers need to be given the opportunity to talk about how they feel about becoming a mother in a non-judgemental or critical way. Mothers should also be encouraged to find their own way of working out what their babies need rather than feeling that they are failing. Attention should also be given to the existential aspects of the transition. The extent to which the mothers' lives have been completely transformed should be acknowledged and mothers need time to talk about what these changes mean to their lives and their sense of themselves.

## 6.3. Critical Reflections

### 6.3.1. Similarities and Differences with Previous Research

The findings of the current research fall in line with Barclay et al's (1997) grounded theory analysis of becoming a mother. They found six categories in becoming a mother, 'realizing', 'unready', 'drained', 'aloneness', 'loss' and 'working it out', which, apart from aloneness, were all elements found in the themes identified in the current research. The fact that the mothers in the current research were well supported by family, friends and other mothers may account for the fact that 'aloneness' was not amongst the current findings. The current findings were also similar to the categories Rossiter (1988) found in two of her case studies. Rossiter's major categories for these cases were 'shock', 'being unprepared', 'panic', 'anxiety', 'not knowing' and 'feeling out of control'. The findings also confirmed many of the views expressed in Stadlen's (2005 & 2011) work. In particular her chapters on 'nothing prepares you', 'all the responsibility' and 'I don't know'.

I tried to limit the effect of my previous reading by keeping to the words the mothers used and précising these words to get to a final statement. I then combined the various statements made by the different mothers to gain one statement for the theme. For the 'nothing prepares you' theme I was surprised to find that the mothers talked about a similar phenomenon to the one Stadlen describes in her book. I reflected on this theme to see if there could be an alternative meaning to their words but concluded that they were describing a similar phenomenon. However the title I gave to this theme was influenced by Stadlen's chapter title.

In terms of the differences between this study and other research I found that the mothers in the current study did not report feeling anger (Price, 1988) or maternal ambivalence (Parker, 2005). The mothers also did not describe feelings of isolation or exhaustion which have been found in previous research. Although this does not necessarily suggest that those feelings were not present for the participants it was just that they were not expressed during the course of the interview.

### **6.3.2. Strength and Limitations of the Current Research**

The main limitation of the current study was the small sample size and the fact that the mothers interviewed all came from similar backgrounds, both ethnically and socially. In terms of the effect this would have on the research, it meant that they would be expected to have similar experiences. The disadvantage of having such a homogeneous population is that it does not account for those mothers, who have a very different experience or context, i.e. single mothers, younger or teenage mothers, or those mothers who live in a different cultural context. The advantage of having a homogeneous population is that the results of the analysis will provide an insight into how that particular group of mothers experienced the transition to motherhood.

The research was also limited by the fact that all the mothers interviewed had chosen to become mothers and were living in stable relationships at the time. The research can therefore only reflect the experiences of these particular mothers. However, despite these limitations the research has shown similarities with other previous research, which suggests that there are some common narratives amongst mothers about their experience of becoming a mother. The current research also sought to undertake an existential analysis of the



experience to gain an understanding of the existential issues that surround becoming a new mother and again these findings were shown to be similar to previous research.

### **6.3.3. Reflexivity**

Reflexivity has already been outlined in the methodology section, 3.6, where I described how I was reflexive in designing, conducting and analysing the research. I was also reflexive in the writing of the findings and discussion. I have been transparent in the way I have described the analysis process but the discussion process also includes an element of interpreting the findings which will inevitably represent my interpretation. During this process however I have refocused my interpretations back to the actual statements that the participants made so that any interpretations were grounded in the findings of my research, whilst also taking account of my own thoughts and feelings that I had written in my journal.

Many of the findings did confirm findings already highlighted in the literature, although I tried to minimise my biases in the analysis stage, the way in which I grouped the statements together may have been influenced by my prior reading. However as my focus on the early stages of motherhood had already been researched a great deal it may account for the similarities in the findings. However, the existential component of the analysis brought out a new perspective on the transition to motherhood. My findings on the existential analysis exceed my expectations and showed how becoming a mother involves confronting existence on every dimension.

There were aspects which I expected the participants to talk about which didn't come up, such as maternal tiredness and exhaustion as well as their experience of the birth and infant feeding. I also expected the mothers to talk more about their negative feelings of motherhood

or the difficulties they were experiencing. Although to a certain extent they did express some difficult or negative feelings, they might not have felt safe enough to be completely open with me. I had tried to create an open and trusting environment in which the interviews took place, however the interview was the first time the participants had met me. I had also not explored with them how they might have felt about hearing that I was a mother of two and a psychotherapist, which may have influenced how they responded to my questions.

#### **6.3.4. Validity**

Validity of the research concerns the reliability of the findings, their trustworthiness, as outlined in section 3.8. Throughout the research I have sought to provide a transparent description of how the research and analysis was conducted. I have provided detailed excerpts from the transcripts to give a flavour of the interviews and to give a voice to the participants. I have also provided a detailed description of how themes have been developed and demonstrated this in the theme tables in the appendices. In this way I have attempted to demonstrate the validity of my research.

#### **6.4. Suggestions for Future Research**

As little research has been conducted on the existential aspects of becoming a mother, further existential research on motherhood has been shown to be of benefit. Of particular interest would be research into how mothers can be encouraged to think and talk about their experiences whilst taking into account the ontological issues that they also have to contend with. Other areas which would benefit from further research would be how women conceive ideas about motherhood and how images of ‘mother’ are generated. Therefore an exploration of how society views motherhood would also be of benefit. It would also be

useful to replicate this study with mothers who were experiencing postnatal depression to see whether there are any differences in their lived experiences.

## **6.5. Implications for Clinical Practice**

The findings of this research have shown that motherhood is a life changing event which affects women on every dimension or level of existence. This adds to the pressure on new mothers who are often struggling to get to grips with caring for a new born, while at the same time grappling with ontological questions about life and its meaning and purpose; existence in terms of responsibility, choice, guilt and death and a new sense of identity. Previous research has highlighted how these pressures can have, as Price puts it, ‘devastating effects’. Price (1988) contends that the transition to motherhood leaves the new mother in a vulnerable psychological state, physically traumatised and exhausted, which coupled with a judgemental societal view of motherhood adds to the stress that the mother feels, often resulting in depression and anxiety. Price believes that almost half of new mothers experience a mild to moderate form of depression during the babies’ first year. Likewise Nicolson (1998) argues that PND (postnatal depression) should be reconceptualised as part of the normal experience of most new mothers. She believes depression is an inevitable response to the loss that new mothers face in the transition to motherhood. However, Nicolson argues that the myth that motherhood is natural and desirable means that women take on this burden, often without the support, time and space needed to adapt to loss and change. Women are also perpetuating these myths by not talking honestly about their experiences to each other (Maushart, 1999) for fear of feeling that they are a ‘bad mother’ or failing in some way.

The current research has demonstrated how complex the experience of becoming a mother is and that there are many aspects at play in this transition. There needs to be a greater

understanding of the experience mothers' face and a reformulation of the difficulties mothers feel. PND needs to be reconceptualised so that rather than viewing it as an illness it is seen as a difficulty in living and coping with the many pressures, both ontic and ontological, that face the new mother. This echoes Prinds et al's (2013) belief that the present maternity services focus on biomedical issues rather than potential existential changing experiences. Lawler and Sinclair (2003) go so far as to suggest that the term 'depression' is actually harmful and will stop mothers seeking help, they suggest alternatives such as 'Problems in adjusting to motherhood' (PAM) or 'Delayed transition to motherhood' (DTM). I aim to address this by disseminating my research as a journal article for *Midwifery* or the *Journal of Advanced Nursing* to highlight the complex and ontological nature of becoming a mother and offering health professionals a new perspective and way of thinking about motherhood and PND. In particular I would highlight the importance for health professionals to explore the existential dimensions of the transition to motherhood with mothers so that mothers are able to gain a deeper understanding of their experience. In this way mothers will be able to see that some of the difficulties they might experience are a consequence of being confronted with existence and seen from this perspective their feelings will take on a new meaning.

What seems key from the current research is giving new mothers space and time to talk about their experiences and to be listened to. There also appears to be a need for mothers to talk about the existential issues that they face and this will require a change in the language used by the current health care system (Prinds et al, 2013). As the current research shows the all-encompassing nature of being a new mother means there is little time or mental space for the mother to reflect upon her experience and come up with her own solutions. In fact the mothers interviewed for this study all mentioned after the interview how much they had enjoyed talking about their experiences and how it had made them reflect on what it had been

like for them to become a mother. By providing this opportunity, mothers will be better able to come to terms with the momentous shift that has occurred in their lives. I have begun to offer this in my own clinical practice, working with mothers on an individual basis as well as setting up groups for mothers to share their experiences of becoming a mother. My research has shown how important it is for mothers to talk about their experience, even those mothers who have not been diagnosed with PND. My research raises questions about the level of support that mothers receive after the birth and the need for there to be opportunities for mothers to talk about their experiences, either with a professional or with other mothers. The more supported mothers are, the more able they will be to cope with the demands of looking after their babies and this will have positive implications for both the mothers and babies.

Finally I believe that my research would also make a contribution to the existential literature as little has been written about motherhood from an existential perspective. I would like to publish an academic book detailing the existential and ontological aspects of becoming a mother, which would deepen our understanding of human existence through looking at the experience of women becoming mothers.

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## 8. Appendices

## 8.1. Ethical Clearance

### New School of Psychotherapy and Psychology Department, REQUEST FOR ETHICAL APPROVAL

**Applicant (specify):** UG PG (Module: PG.....) PhD STAFF      **Date submitted:**.....

<b>Research area (please circle):</b>				
Clinical	(Cognition + emotion)	Developmental	Forensic	Health
Occupational	Psychophysiological	Social	Sport + exercise	
Other _____				
<b>Methodology:</b>				
Empirical/experimental	Questionnaire-based	(Qualitative)	Other _____	

**No study may proceed until this form has been signed by an authorised person indicating that ethical approval has been granted.** For collaborative research with another institution, ethical approval must be obtained from all institutions involved.

This form should be accompanied by any other relevant materials (e.g. questionnaire to be employed, letters to participants/institutions, advertisements or recruiting materials, information and debriefing sheet for participants<sup>1</sup>, consent form<sup>2</sup>, including approval by collaborating institutions).

- Is this the first submission of the proposed study? (Yes)/No
  - Is this an amended proposal (resubmission)? Yes/(No)  
*Psychology Office: if YES, please send this back to the original referee*
  - Is this an urgent application? (To be answered by Staff/Supervisor only)<sup>2</sup> Yes/No
- Supervisor to initial here NS\_\_\_\_\_

Name(s) of investigator(s) Claire Arnold-Baker

Name of supervisor(s) Jill Mytton and Naomi Stadlen

Title of study: Early Motherhood: Exploring the Early Stages for First Time Mothers

Results of Application:

**REVIEWER - please tick and provide comments in section 5:**

**APPROVED      APPROVED WITH AMENDMENTS      NOT APPROVED**

<sup>2</sup> see Guidelines on OasisPlus

## SECTION 1 (to be completed by all applicants)

1. Please attach a brief description of the nature and purpose of the study, including details of the procedure to be employed. Identify the ethical issues involved, particularly in relation to the treatment/experiences of participants, session length, procedures, stimuli, responses, data collection, and the storage and reporting of data.

**SEE ATTACHED PROJECT PROPOSAL**

2. Could any of these procedures result in any adverse reactions? (YES)/NO

If “yes”, what precautionary steps are to be taken?

There is a small chance that there could be some adverse reactions to the study as the participants will be talking about their experiences and therefore could become upset and distressed. If this happened I would be aware and sensitive to their distress and I would talk to them about it. As I will not know what effects the interview will have on the mothers afterwards I will give each participant a referral list and explain that they might like to continue talking about this further. If the participants were very upset I would ask them if they would like to stop the interview.

3. Will any form of deception be involved that raises ethical issues? YES/(NO)

*(Most studies in psychology involve mild deception insofar as participants are unaware of the experimental hypotheses being tested. Deception becomes unethical if participants are likely to feel angry, humiliated or otherwise distressed when the deception is revealed to them).*

Note: if this work uses existing records/archives and does not require participation per se, tick here ..... and go to question 10. (Ensure that your data handling complies with the Data Protection Act).

4. If participants other than Middlesex University students are to be involved, where do you intend to recruit them? *(A full risk assessment must be conducted for any work undertaken off university premises)*<sup>6,7</sup>  
I intend to recruit my participants by asking local Health Visitors and Midwives to help by identifying any possible participants. I will also advertise in local baby groups and local NCT newsletters

5a. Does the study involve

Clinical populations	YES/(NO)
Children (under 16 years)	YES/(NO)
Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?	(YES)/NO

5b. If the study involves any of the above, the researcher needs CRB (disclosure of criminal record)  
-Staff and PG students are expected to have CRB – please tick (YES)/NO  
-UG students are advised that institutions may require them to have CRB – please confirm that you are aware of this by ticking here \_\_\_\_\_

6. How, and from whom (e.g. from parents, from participants via signature) will informed consent be obtained? (*See consent guidelines<sup>2</sup>; note special considerations for some questionnaire research*)

Participants will be given an Information Sheet containing details of the study and their participation in it along with a consent form. Participants will sign the form to confirm their informed consent. Before participants sign the form I will check that they have understood what they are consenting to in a brief telephone call.

7. Will you inform participants of their right to withdraw from the research at any time, without penalty? (*see consent guidelines<sup>2</sup>*) (YES)/NO

8. Will you provide a full debriefing at the end of the data collection phase? (YES)/NO  
(*see debriefing guidelines<sup>3</sup>*)

9. Will you be available to discuss the study with participants, if necessary, to monitor any negative effects or misconceptions? (YES)/NO

If "no", how do you propose to deal with any potential problems?

I will talk to participants for 15 minutes after the study to check how they have reacted to the interview and I will also give them referral lists of qualified therapists whom it might be more appropriate for them to talk to as this could be on an ongoing basis if the participants found it useful.

10. Under the Data Protection Act, participant information is confidential unless otherwise agreed in advance. Will confidentiality be guaranteed? (*see confidentiality guidelines<sup>5</sup>*) (YES)/NO

If "yes" how will this be assured (*see<sup>5</sup>*)

Tape-recordings will be kept in a locked place and any tape-recordings and transcripts will be kept separately from any identifying data. Each participant will be allocated a code and from then on the code will be used instead of their name. Information about confidentiality will be contained in the information sheet for participants.

If "no", how will participants be warned? (*see<sup>5</sup>*)

(NB: You are not at liberty to publish material taken from your work with individuals without the prior agreement of those individuals).

11. Are there any ethical issues which concern you about this particular piece of research, not covered elsewhere on this form? (YES)/NO

If "yes" please specify:

The only other ethical issue would be around whether I knew the participant personally as I will be recruiting locally. Under those circumstances I would not interview those whom I have a personal acquaintance with.

(NB: If "yes" has been responded to any of questions 2,3,5,11 or "no" to any of questions 7-10, a full explanation of the reason should be provided -- if necessary, on a separate sheet submitted with this form).

**SECTION 2 (to be completed by all applicants – please tick as appropriate)**

	YES	NO
12. Some or all of this research is to be conducted away from Middlesex University	✓	
If “yes” tick here to confirm that a Risk Assessment form has been submitted	✓	
13. I am aware that any modifications to the design or method of this proposal will require me to submit a new application for ethical approval	✓	
14. I am aware that I need to keep all the materials/documents relating to this study (e.g. consent forms, filled questionnaires, etc) until completion of my degree / publication (as advised)	✓	
15. I have read the British Psychological Society’s <i>Ethical Principles for Conducting Research with Human participants</i> <sup>4</sup> and believe this proposal to conform with them	✓	

**SECTION 3 (to be completed by academic staff -- for student approval, go to Section 4)**

Researcher... .. date .....

Signatures of approval: Ethics Panel ..... *PSY OFFICE received*  
 date:..... date .....  
 (signed pending approval of Risk Assessment form) date:.....

If any of the following is required and not available when submitting this form, the Ethics Panel Reviewer will need to see them once they are received and before the start of data collection – please enclose with this form when they become available:

- letter of acceptance from other institution
- any other relevant document (e.g., ethical approval from other institution): .....

Required documents seen by Ethics Panel ..... *PSY OFFICE received*  
 date:..... date .....

**SECTION 4 (to be completed by student applicants and supervisors)**

Researcher (student signature) Claire Arnold-Baker ... date ...24/6/11

**CHECKLIST FOR SUPERVISOR – please tick as appropriate**

	YES	NO
1. Is the UG/PG module specified?		
2. If it is a resubmission, has this been specified and the original form enclosed here?		
3. Is the name(s) of student/researcher(s) specified?		
4. Is the name(s) of supervisor specified?		
5. Is the consent form attached?		
6. Are debriefing procedures specified? If appropriate, debriefing sheet enclosed – appropriate style?		
7. Is an information sheet for participants enclosed? appropriate style?		
8. Does the information sheet contain contact details for the researcher and supervisor?		
9. Is the information sheet sufficiently informative about the study?		
10. Has Section 2 been completed by the researcher on the ethics form?		
11. Any parts of the study to be conducted outside the university? If so a Risk Assessment form must be attached – Is it?		
12. Any parts of the study to be conducted on another institution's premises? If so a letter of acceptance by the institution must be obtained - Letters of acceptance by all external institutions are attached.		
13. Letter(s) of acceptance from external institutions have been requested and will be submitted to the PSY office ASAP.		
14. Has the student signed the form? If physical or electronic signatures are not available, an email endorsing the application must be attached.		
15. Is the proposal sufficiently informative about the study?		

Signatures of approval: Supervisor...**Naomi Stadlen** date **24 June 2011**..... **PSY OFFICE received**  
 date:.....  
 Ethics Panel ..... date .....  
 (signed pending approval of Risk Assessment form) date:.....  
 date:.....

If any of the following is required and not available when submitting this form, the Ethics Panel Reviewer will need to see them once they are received – please enclose with this form when they become available:

- letter of acceptance from other institution
- any other relevant document (e.g., ethical approval from other institution):\_\_\_\_\_

Required documents seen by Ethics Panel ..... date ..... **PSY OFFICE received**  
 date:.....

## SECTION 5 (to be completed by the NSPC Ethics panel reviewers)

	Please Tick or Use NA	Recommendations/comments
1. Is UG/PG module specified? (student appl.)		
2. If it is a resubmission, has this been specified and the original form enclosed here?		
3. Is the name(s) of student/ researcher(s) specified? If physical or electronic signatures are not available, has an email endorsing the application been attached?		
4. Is the name(s) of supervisor specified? (student appl.) If physical or electronic signatures are not available, has an email endorsing the application been attached?		
5. Is the consent form attached?		
6. Are debriefing procedures specified? If appropriate, is the debriefing sheet attached? Is this sufficiently informative?		
7. Is an information sheet for participants attached?		
8. Does the information sheet contain contact details for the researcher?		
9. Is the information sheet sufficiently informative about the study? Appropriate style?		
10. Has Section 2 (points 12-15) been ticked by the researcher on the ethics form?		
11. Any parts of the study to be conducted outside the university? If so a fully completed Risk Assessment form must be attached – is it?		
12. If any parts of the study are conducted on another institution/s premises, a letter of agreement by the institution/s must be produced. Are letter/s of acceptance by all external institution/s attached?		
13. Letter/s of acceptance by external institution/s has/have been requested.		
14. Has the applicant signed? If physical or electronic signatures are not available, an email endorsing the application must be attached.		
15. Is the proposal sufficiently informative about the study? any clarity issues?		
16. Is anyone likely to be disadvantaged or harmed?		
17. If deception or protracted testing are involved, do the benefits of the study outweigh these undesirable aspects?		
18. Any other comments?		



## 8.2. Risk Assessment

### INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT FRA1

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*This proforma is applicable to, and must be completed in advance for, the following fieldwork situations:*

1. *All fieldwork undertaken independently by individual students, either in the UK or overseas, including in connection with proposition module or dissertations. Supervisor to complete with student(s).*
2. *All fieldwork undertaken by postgraduate students. Supervisors to complete with student(s).*
3. *Fieldwork undertaken by research students. Student to complete with supervisor.*
4. *Fieldwork/visits by research staff. Researcher to complete with Research Centre Head.*

#### FIELDWORK DETAILS

**Name** Claire Arnold-Baker

**Student No**  
**Research Centre (staff only)**.....

**Supervisor** Naomi Stadlen and Jill Mytton

**Degree course** DPsych in Existential Counselling Psychology and Psychotherapy

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Telephone numbers and name of next of kin who may be contacted in the event of an accident

#### NEXT OF KIN

**Name** ... Will Arnold-Baker.....

**Phone** 07903 875879.....

**Physical or psychological limitations to carrying out the proposed fieldwork**

None.....

**Any health problems (full details)**  
Which may be relevant to proposed fieldwork activity in case of emergencies.

None.....

**Locality (Country and Region)**

Oxfordshire and West Berkshire, UK

**Travel Arrangements**

Car.....

NB: Comprehensive travel and health insurance must always be obtained for independent overseas fieldwork.

**Dates of Travel and Fieldwork**

2011

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**PLEASE READ THE INFORMATION OVERLEAF VERY CAREFULLY**

## Hazard Identification and Risk Assessment

**PLEASE READ VERY**

List the localities to be visited or specify routes to be followed (**Col. 1**). Give the approximate date (month / year) of your last visit, or enter 'NOT VISITED' (**Col 2**). For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern (**Col. 3**).

### Examples of Potential Hazards :

Adverse weather: exposure (heat, sunburn, lightening, wind, hypothermia)

Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.

Demolition/building sites, assault, getting lost, animals, disease.

Working on/near water: drowning, swept away, disease (weils disease, hepatitis, malaria, etc), parasites', flooding, tides and range

Lone working: difficult to summon help, alone or in isolation, lone interviews.

Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural, socio-economic differences/problems. Known or suspected criminal offenders.

Safety Standards (other work organisations, transport, hotels, etc), working at night, areas of high crime.

III health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies, fitting) general fitness, disabilities, persons suited to task.

Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.

Substances (chemicals, plants, bio- hazards, waste): ill health - poisoning, infection, irritation, burns, cuts, eye-damage.

**Manual handling:** lifting, carrying, moving large or heavy items, physical unsuitability for task

**If no hazard can be identified beyond those of everyday life, enter 'NONE'.**

**Give brief details of fieldwork activity:** I will be interviewing women who have recently become mothers in their own home or another location

[illegible]

1. LOCALITY/ROUTE	2. LAST VISIT	3. POTENTIAL HAZARDS
Home Visit's	Not yet visited – visits planned for later this year	Lone working – difficult to summon help

*The University Fieldwork code of Practice booklet provides practical advice that should be followed in planning and conducting fieldwork.*

## **Risk Minimisation/Control Measures** **CAREFULLY**

**PLEASE READ VERY**

For each hazard identified (**Col 3**), list the precautions/control measures in place or that will be taken (**Col 4**) to "reduce the risk to acceptable levels", and the safety equipment (**Col 6**) that will be employed.

Assuming the safety precautions/control methods that will be adopted (**Col. 4**), categorise the fieldwork risk for each location/route as negligible, low, moderate or high (**Col. 5**).

**Risk increases with both the increasing likelihood of an accident and the increasing severity of the consequences of an**

**accident.**

**An acceptable level of risk is:** a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

### **Examples of control measures/precautions:**

Providing adequate training, information & instructions on fieldwork tasks and the safe and correct use of any equipment, substances and personal protective equipment. Inspection and safety check of any equipment prior to use. Assessing individuals fitness and suitability to environment and tasks involved. Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.). Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances. First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements). Working with colleagues (pairs). **Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.** Training in interview techniques and avoiding /defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations. Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations. Seek information on social/cultural/political status of fieldwork area.

**Examples of Safety Equipment:** Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment.

4. PRECAUTIONS/CONTROL MEASURES	5. RISK ASSESSMENT	6. EQUIPMENT
I will have a local buddy who I will call just before the interview and then again after the interview to confirm that I am OK. If they do not hear from me they will have details of my location and can summon help.	Risk will be assessed by a discussion via the telephone and a pre-interview visit to establish the locality	Mobile Phone
If there are any concerns regarding the location then a neutral location will be proposed	Low risk as other people will be present	N/A
If there are any concerns regarding physical or verbal violence (which is highly unlikely with the type of individual who will be interviewed) then a neutral location will be proposed and I will work with a colleague present	Low risk as other people will be present	N/A

**PLEASE READ INFORMATION OVERLEAF AND SIGN AS APPROPRIATE**

**DECLARATION:** The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

***NB: Risk should be constantly reassessed during the fieldwork period and additional precautions taken or fieldwork discontinued if the risk is seen to be unacceptable.***

<b>Signature of Fieldworker (Student/Staff)</b>	Claire Arnold-Baker	<b>Date</b>	24/6/11
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<b>Signature of Student Supervisor</b>	<b>Naomi Stadlen</b>	<b>Date</b>	<b>24 June 2011</b>
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**APPROVAL:** (ONE ONLY)

<b>Signature of Curriculum Leader</b> (undergraduate students only)	.....	<b>Date</b>	.....
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<b>Signature of Research Degree Co-ordinator or Masters Course Leader or Taught Masters Curriculum Leader</b>	.....	<b>Date</b>	.....
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<b>Signature of Research Centre Head (for staff fieldworkers)</b>	.....	<b>Date</b>	.....
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## **FIELDWORK CHECK LIST**

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:

- ☐ Safety knowledge and training?
- ☐ Awareness of cultural, social and political differences?
- ☐ Physical and psychological fitness and disease immunity, protection and awareness?
- ☐ Personal clothing and safety equipment?
- ☐ Suitability of fieldworkers to proposed tasks?

2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to:

- ☐ Visa, permits?
- ☐ Legal access to sites and/or persons?
- ☐ Political or military sensitivity of the proposed topic, its method or location?
- ☐ Weather conditions, tide times and ranges?
- ☐ Vaccinations and other health precautions?
- ☐ Civil unrest and terrorism?
- ☐ Arrival times after journeys?
- ☐ Safety equipment and protective clothing?
- ☐ Financial and insurance implications?
- ☐ Crime risk?
- ☐ Health insurance arrangements?
- ☐ Emergency procedures?
- ☐ Transport use?
- ☐ Travel and accommodation arrangements?

**Important information for retaining evidence of completed risk assessments:** Once the risk assessment is completed and approval gained the **supervisor** should retain this form and issue a copy of it to the fieldworker participating on the field course/work. In addition the **approver** must keep a copy of this risk assessment in an appropriate Health and Safety file.

## 8.3. Participant Information Sheet

New School of Psychotherapy and Counselling/ Department of Psychology  
MIDDLESEX UNIVERSITY, Queensway, Enfield, Middlesex EN3 4SF

### INFORMATION SHEET

Study title      *Early Motherhood: Exploring the Early Stages for First-Time Mothers*

#### Invitation paragraph

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

#### What is the purpose of the research?

The research that I am undertaking aims to examine the experience of becoming a mother as it reveals itself through your own and others' personal experiences. You will be asked to reflect on your experience of becoming a mother, recalling specific thoughts, feelings and events. I am seeking vivid, accurate, and comprehensive portrayals of what these experiences were like for you, I am interested in your thoughts, feelings, and behaviours, as well as situations, events and people connected with your experience. The research method I am using is a qualitative one and through this I hope to capture a descriptive account of your experience.

#### What will happen to me if I take part?

You have been asked to take part as you are a first time mother who has a baby between 6-12 months of age. I believe you will have fresh experiences of what it has been like to become a mother and will be more readily able to describe fully how the experience has had an effect on you. At the same time you will still have a clear memory of what you were like before you became a mother.

The research procedure will consist of an hour's tape-recorded semi-structured interview, which will be transcribed at a later date. Interviews will take place in a mutually agreed place but likely to be your own home. The tape-recording will be kept in a locked place and destroyed once the research has been completed and any further publications have been written. Every effort will be made to ensure your confidentiality. Any information you provide will be held in the strictest of confidence. Your identity will be protected both during the transcription process and the writing up of the research, which will be as a doctoral thesis but may also be written up at a later date as a journal article or as part of a book, and any identifying information will be changed or disguised. Any distinguishing data will be kept separately from the tapes and transcripts.

#### What are the possible disadvantages and risks of taking part?

In case talking about your experiences feels upsetting the interview can be stopped at any time. As a qualified psychotherapist I will be sensitive to any distress you feel and will be able to talk to you about it and to refer you to someone who might be able to offer you more long-term support. However taking part in the study may also be beneficial for you as you have a chance to talk through your experiences with an interested and understanding person.

#### Consent

If you decide to take part you will be asked to sign a consent form and will be given a copy to keep along with a copy of this information sheet. Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any time without giving a reason and also to ask for any tape recording to be destroyed. Contact details of an academic supervisor are also included on the consent form, of which you will keep a copy.

#### Who is organising and funding the research?

The research is being undertaken as part of a doctoral degree programme and is not externally funded.

Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The Middlesex Psychology Department's Ethics Committee have reviewed this proposal.

I really appreciate and value both your time and commitment to this research study and for taking the time to read this information sheet. Please do not hesitate to contact me if you have any further questions before signing the consent form. I can be reached on 07825 479106.

With warm regards

Claire Arnold-Baker

Contact details

Email:	<a href="mailto:CA584@live.mdx.ac.uk">CA584@live.mdx.ac.uk</a>
Telephone:	07825 479106 (mobile used only for the purpose of this research)
Address:	Via NSPC 258 Belsize Road, London, NW6 4BT
Academic Supervisor:	Naomi Stadlen, NSPC, 258 Belsize Road, London, NW6 4BT 020 7624 0471

## 8.4. Consent Form

New School of Psychotherapy and Psychology Department, Middlesex  
University School of Health and Social Sciences

Project title: **Early Motherhood: Exploring the Early Stages for First-Time Mothers**

I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication in an anonymous form, and provide my consent that this might occur.

(If using tape recordings) I understand that a recording is being made of this interview and will be securely stored until a verbatim transcript has been made and the research has been completed and written up.

Print name of participant

Participant's signature

Print name of researcher

Researcher's signature

Date

Academic Supervisor – Naomi Stadlen  
NSPC  
258 Belsize Road  
London  
NW6 4BT

020 7624 0471



## 8.5. Debriefing Sheet

After the interview participants will be thanked for sparing their time and for making a valuable contribution to the research. They will be given the opportunity to talk about the interview and the nature of the research they have participated in. The participant can decide not to take part in the debrief if they wish and can end the discussion at that point. However, in these cases the researcher will make it clear that the participant is free to make contact again and have a debrief at a later date if they change their minds.

For those that wish to take part in the debrief the researcher will begin by explaining that the research, while broadly aimed at elucidating something of early motherhood for first-time mothers, is also seeking to discover how first-time mothers experience this early stage. What their experience of those first, often chaotic, months is like, when they may feel that they are floundering and how they over come these feelings. The researcher will go on to explain that she is also interested in taking a philosophical perspective on the experiences of first-time mothers.

The participant will be given an opportunity to talk about what the interview had been like for them. They will be invited to describe how they had felt about talking about their experiences in this way. The researcher will point out that talking about our experiences is often helpful in that we are able to gain some clarity and maybe some insights for ourselves that were not possible before. The researcher will be sensitive to any upset or potential upset and will try to sensitively discuss this with the participant. Participants will be left with names of therapists that they can contact if they decide they wish to talk about their experiences some more with a qualified person. The researcher will end the debrief by encouraging the participants to get back in touch if they have any further questions or queries.

## **Debriefing Sheet**

**Research Title:** Early Motherhood: Exploring the Early Stages for First-Time Mothers

**Researcher:** Claire Arnold-Baker  
07825 479106

**Academic Supervisor:** Naomi Stadlen  
NSPC, 258 Belsize Road, London, NW6 4BT  
020 7624 0471

### **Research Participation:**

- ☐ You were selected to take part in the interview as you were a first-time mother with a baby between the ages of 6-12 months and the research was focussed on exploring the early stages of motherhood for first-time mothers.
- ☐ The researcher was interested in discovering how first-time mothers experience this stage.
- ☐ The research focussed on what it is like for first-time mothers to make that transition to motherhood or what the experience of those first, often chaotic, months is like, when mothers may feel that they are floundering and how they over come these feelings.
- ☐ The research will take a philosophical perspective on the experiences of first-time mothers.

***Thank you very much for participating in this research, your contribution is really valued.  
Please do contact me if you have any further questions or queries.***

### **Further Resources**

**OXPIP** - The Oxford Parent Infant Project, Rose Hill Children's Centre, The Oval,  
Rose Hill, Oxford, OX4 4UY, 01865 778034

**Counselling for Women in Oxford** – Charles Street, Oxford, 01865 725617

**Carolyn Armstrong** – Psychotherapist in Private Practice – Streatley 01491 521081

**UKCP Psychotherapy Register** - <http://members.psychotherapy.org.uk/find-a-therapist/>

## 8.6. Analysis of Themes – Step 1

### Interview M2 (Child: G11)

Selected text taken from the transcript	Line Number
Yeah, it took us three years the first time round so. We did lots of moving and that kind of stuff and so finally settled here. We actually had the appointment booked in for IVF and I think it was a month before that that I actually became pregnant, I think, it's quite common. "Oh what the hell, that's it now" umm, and then became pregnant so it was a bit of a shock – a good shock.	5-10
it seemed more significant to us because of that, umm, even though speaking to people, it's one of those things that you realise that actually, very, very few people who decided that ok we want a baby, that's it and it happens, there are lots of stories out there and things that got me through it, so...	12-16
it was quite nice, for the two of us, for that first period to have our little secret.	21
I think the NCT classes were really good, because I think up until then I'd, we'd all been fairly delusional about what it actually involved. But one of the NCT classes we had, there was things like; 'it's 5 o'clock in the afternoon, you had all these things you were meant to do, but you hadn't washed, you hadn't brushed your teeth, you hadn't put any washing on' and we were just like "oh, this is ridiculous, – of course you can do these things!" and I think that suddenly made it dawn on me personally, it was like, "ok,	25-31

this is going to be different”.	
I think it was starting to dawn on us that actually, ok, we’re not going to have any control over what is going on. So I think it was just sort of, realisation of sort of, ok, yep, yep. This is going to be a bit of a shock. Yes, I think it was coming to terms with the fact of what life is going to be like.	43-46
I think we thought that the baby would fit in with our lifestyle a bit more. I mean, not going out and doing silly things, but just we wouldn’t be dictated by the baby, it would have to fall in with us a little bit more. Which, obviously, it doesn’t happen [laugh]. So umm, yeah, I think it was just that realisation was starting to come through of “of, yeah, this is going to be an interesting time”.	49-53
Which was great, because obviously it prepares you, because if we hadn’t done that then we would be completely clueless and shocked.	53-54
So when it did come along we felt more aware and it didn’t seem such a shock even though at three in the morning when G11’s crying and you don’t know why. But it was definitely good to know that. Also, speaking to other people in the class because we met up once a week	58-61
but we (NCT) were sort of full on, the whole day and it was just really good to talk to other people about, I don’t know what to do and I had the day where I just cried under the duvet.	63-65

just sharing that with people was really, really important. You had your week of starting to go insane and then you meet up again and it's "ok, this is normal", it resets you again so that was really, really important.	65-68
it was very much trial and error. It seemed to be almost like "eureka!" moments, of that's it! We've cracked it! We know how to..	71-73
I think with things like trying to settle her it was, ok, we know that we definitely need to stand on one leg and pat her on the right hand.. that kind of stuff and think this definitely, definitely works! And then the next night; oh no it didn't. Umm, so it was sort of slowly having those realisations, but then after a while, things did start to work and you get into more of a routine	74-78
I think we had one, a couple of nights when it was all over the place and up until then it was me kind of me reading the book and finding stuff out, but [husband] was there and we were both sitting in bed and he was going "it says this bit here, and oh la-la-la" and we were both sort of just trying to, we'd got to that stage that ok, we need to try and get some sense,	81-85
Realised we were doing a couple of mistakes things like we always made sure that we rocked her to bed and just ok, we need to stop doing that and we need to let her cry for a little bit and those kinds of things	86-88
actually, I was, the whole way through I've been the tougher one than [husband], I've had to sort of say, no, leave her to cry for a moment and things and he's found that a lot harder than I did. I don't know if that's because I'm with her all day, so I was having to, cos after a while I sort of realised that, things were starting to work a little bit, and things like, when I put her down for her nap.	88-93

so yes, slowly things started to fall into place. Umm, that was probably around the six week mark, I think.	96-97
because you're trying, you're constantly searching for the answer	100
I think it was just more sort of you try a few things and if five of them don't work, the other one does.	103-104
just constantly glean bits of information and try it out and then sort of eventually things seem to be working	105-106
constantly wanting answers and constantly wanting to speak to different people about what's going on.	111-112
from then onwards I kept a diary just fairly loosely, where I plotted out, pretty much, I colour-coded it about what she was doing over a 24 hour period and just sort of think, in the end, I had a green and a blue and a red pen, which each colour meant eat, asleep, awake, that sort of thing. And I was just constantly looking for answers and then after that I was sort of...	121-127
I think I'd had a particularly bad night and I was sitting in the library next to the parent bit and there was a book, a Gina Ford book on sleep so I took it out of the library and then that was a kind of like revelatory moment cos um, from there I planned out what cycle I wanted her to have	131-134
so at least then we found it really useful to have something to aim towards umm, and even though the day might start off and she might do her, the morning feed might be at the right time, but then it went completely to pot	136-139

<p>what we're aiming for is she sleeps at this time. She never did it but I think probably it took about two months of her being on this schedule till she'd actually did it for a whole day but I found that really helpful to have something to work towards. Umm, and even now, I find that quite useful to know exactly almost, not so disciplined that I wouldn't do anything if it didn't fit in with those times, but at least to actually I found that when I was at one of those stages of just not having a clue, it gave me that thing to fall back on, ok, alright, this is what I roughly want to be doing and stuff.</p>	140-147
<p>nobody gave it to me [her schedule], so although I picked bits from here and there and stuff but it was, it really felt like it was something that I developed myself so I'm really, I felt really sort of attached to it. Umm, I think it just gave me that sense of some kind of calm, really [laugh] and some kind of order within this completely random thing that have no control over. Umm, cos I quite like, sort of planning things and be within control to a certain extent so, even though she never actually, I never got wound up by the fact that she never actually did her schedule, but knowing that I had something was just really comforting. And it just sort of gave me that thing that if I had a really bad morning, or bad day, it was like "fine, ok", right 3 o'clock she's asleep let's try, you know, kept bringing me back to it. So that was really, really helpful.</p>	152-160
<p>So umm, so I actually found a couple of times, [husband] and I we actually surprised ourselves that this isn't as bad, I don't know if we coped quite well or if she was just a good baby but we were sort of like "actually, this isn't too bad".</p>	170-173
<p>I dunno, we just seemed to keep quite level-headed about it all, in a way. Umm, and I did have days when I sort of, went back to bed and put my head under the duvet – she was crying and I was crying and stuff, but, there weren't, that was probably only about three</p>	179-182

times.	
I think it was definitely talking to people and having people around that you can just be completely open with really, really helped.	184-186
it was just that chance to see how everyone else is doing and I think just sort of, that whole thing of, you're not, you don't have to know what you're doing all the time. Umm, that was quite useful as well.	190-192
it felt like it was sort of G11 and me, we're our little unit umm, yeah, I think it must have been, obviously [husband]'s experience will be quite different, because it must be quite strange having to go to work and I used to get a bit annoyed with him when he'd say "oh, um" when he didn't know what she needed and things, and it took me a while to realise that actually, I'm with her 24 hours a day, he's not and things change quite quickly as well, umm.	198-203
We also, I think the best bit of advice somebody said was "whatever is happening, it's just a phase" whether it's good, it's a phase and enjoy it, if it's bad it's a phase and it won't last forever and that has just been almost like our mantra in a way.	203-206
I think we were all really open, with the girls, all very open or we became, we were very close and we talked quite openly with each other and umm, there was only really one baby who was sort of, the golden child.	211-213
there was a lot of sort of anticipation and waiting. But it was Ok, it wasn't, I think because so many people were saying "oh, you know, rest" and all that kind of stuff, it was almost that sort of anticipation of the calm before the storm umm, but also, I think I was, I had enough sense to realise that actually this is, you're never going to get this time again.	228-232



I was booked to be induced on the Friday morning, so Thursday night I did all my, phoned my mum and sister and it was almost like my farewell sort of, as me, I made all my phonecalls and stuff and then like literally 10 o'clock, contractions started	244-247
it was weird, that whole kind of day and night, having no concept, it could be three in the morning and you're doing stuff and you're awake as if it's two in the afternoon. Um, but it was quite, I think cos we'd just accepted, I accepted that it was quite, I dunno, not reassuring – but that was the way it was and sort of, it was quite nice in a way, in a reverse kind of way. The whole, it doesn't matter, you're life is in three or four hour cycles and that's just sort of the way it is.	341-346
I think because I was just so desperate to start doing things once we came out of the hospital  just felt really proud cos sort of everyone, she was so little, you get so many little old ladies sort of saying “oh what's his name?”  sort of thing, she's in a pink babygrow [laugh] although I look back now and it's like, yeah, she looked like a boy. But, um, just that whole thing of lots of random strangers coming up and speaking to you and going “how old?” and me going “she's ten days”, and “can't believe you're out” and all that kind of stuff and that was lovely, that was really, yeah, it was very magical, me and G11 against the world sort of thing	348-349  351-357
It was almost a sort of my last supper kind of thing.  I remember when my sister had her first one, we all went out for dinner and it was the last time that it's you, you as you and we went out, we did go out for about three last suppers and it was “ok, this is it, this is the last time we're going to go out” I don't know, it's just the whole, sounds stupid but in a way just growing up really, I suppose and that whole kind of, because I've always been the	360  363-377

<p>youngest, younger sister I suppose it was a little bit of “ok, I’m going to be a mum tomorrow”, yeah, it was, don’t know. I felt I had to do it, it wasn’t just a case, it was also I was going to go through this horrendous thing but yeah, it felt like a bit of a sort of ledge that I would sort of step over this sort of thing tomorrow and it was going to be very different and it was nice, I quite liked the whole thing of um, of knowing that was going to happen, I think once, before then it was the whole sort of, I thought it was going to happen and kept thinking “ok, this is it, this is it” um, and in a way being told it was a no it was tomorrow um, it meant I could pack my bag, I had my list, I kept checking my list and all that um, so when I felt, it made me feel really prepared because that was my final thing to do, sort of to phone them up and say goodbye, from me and yeah, definitely felt like a sort of don’t know, end of a chapter kind of thing.</p>	
<p>In a way I don’t feel like I am a mother. Because I think being a mother is what other people are and, I don’t know, almost, obviously I love G11 to bits and sort of have days when I look at her and think “you’re just amazing!” but I still don’t really feel like, I don’t know, a mother is, you have connotations on what a mother is and I don’t feel like that.</p>	381-384
<p>I just sort of think, mother’s just seem more established as sort of being in control and being authoritative with children and things, I don’t know it just</p>	386-387
<p>but I can’t really associate with that name, that label.</p>	389
<p>that just took me a while to I think, grow into that name. Umm. Yeah, it was almost like a label that I couldn’t really associate with</p>	391-397

<p>um, but having G11 to bring up and grow and develop is amazing. I dunno, I don't, I just sort of in a way focus on what's happening now rather than reflecting on it. When I sort of think back and reflect on events, so birth and all that um, and just being pregnant and stuff, but I don't really think about ok, being a mother and that whole big concept of it. It just, I don't know, it seems a bit big and alien to me.</p> <p>just get on with life and do stuff and things.</p>	399-400
<p>I don't feel attached to that phrase yet. Um, dunno, maybe that's just more when you start to, when she starts to have friends and people sort of say oh G11's mum and things like that. But at the moment, I just feel like me still, and you know, we've got this amazing little person.</p>	407-410
<p>I feel like it's been quite gradual, it's not been, I feel much more, I guess, confident in the whole thing, I feel confident as a mum and feel like we're doing a good job with her and stuff, um, dunno, maybe it's the whole thing of going back to work, see I went back to work at the beginning of November um, and that's slotting back into my old lifestyle, although there's subtle differences in the sense of you know, I will leave at a certain time and not even think about it and um, dunno. It's a weird one, the whole thing of, I think the thing that makes me realise that, I dunno, I'm just not one of these people who thinks "oh, being a mum is amazing" because I just don't, dunno, I don't relate to that really.</p>	412-419
<p>whereas now we have a bit of a purpose whereas I think before probably, probably before I was thinking more about the things that</p>	445-452

you would do as a family and yeah, more the sort of practicality side of things but, the thing that's different is that you do sort of, I think pretty much from when she was born it was sort of that, ok, my purpose in life is now to, you know, look after this small person and so I think that's the most fundamental change because before that, you know, your purpose in life is about having fun and being happy with your husband and being nice to your family and friends and doing a good job at work and it's completely different	
just confident in the sense that and knowing that this is the right thing to do for her. I think apart from the whole confusion of first of all when you haven't got a clue that I suppose, I think, the thing that maybe slightly different is that almost like instinctively you know now, you know what the right thing to do is.	470-473
Yeah, and I think probably when she reached about four months or so, was actually quite a nice phase you sort of think ok, I understand, I know what she needs and that was a, that was really nice when you sort of suddenly think I know exactly what this little person needs and breast feeding was amazing and think that I've kept this little person alive for six months um, that was,	478-482
I think because of her birth and all that was completely out of my control and she was taken away and all that and so, I really wanted to stop breast feeding when it was right, when I thought it was the right time and I was really, really pleased that I was able to do that.	485-488
it was really, really important for me to stop feeding her on my terms rather than just that's it, can't feed her anymore.	492-493

## 8.7. Analysis of Themes – Step 2

### Interview M2 (Child: G11)

#### Path to pregnancy

Yeah, it took us three years the first time round so. We did lots of moving and that kind of stuff and so finally settled here. We actually had the appointment booked in for IVF and I think it was a month before that that I actually became pregnant, I think, it's quite common. "Oh what the hell, that's it now" umm, and then became pregnant so it was a bit of a shock – a good shock.	Became pregnant after three years and having booked in for IVF, so it was a shock – a good shock.	
it seemed more significant to us because of that, umm, even though speaking to people, it's one of those things that you realise that	It was more significant getting pregnant because it had taken a long time.	Because it took some time to get pregnant, it was a shock when it happened but the pregnancy was more significant and 'our little

actually, very, very few people who decided that ok we want a baby, that's it and it happens, there are lots of stories out there and things that got me through it, so...		secret'
it was quite nice, for the two of us, for that first period to have our little secret.	It was nice for that first period to have a little secret	

### **Expectations before the birth**

I think the NCT classes were really good, because I think up until then I'd, we'd all been fairly delusional about what it actually involved. But one of the NCT classes we had, there was things like; 'it's 5 o'clock in the afternoon, you had all these things you were meant to do, but you hadn't washed, you hadn't brushed your teeth, you hadn't put any	Had felt fairly delusional about what motherhood involves until the NCT classes then it dawned 'this is going to be different'	
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<p>washing on' and we were just like "oh, this is ridiculous, – of course you can do these things!" and I think that suddenly made it dawn on me personally, it was like, "ok, this is going to be different".</p>		
<p>I think it was starting to dawn on us that actually, ok, we're not going to have any control over what is going on. So I think it was just sort of, realisation of sort of, ok, yep, yep. This is going to be a bit of a shock. Yes, I think it was coming to terms with the fact of what life is going to be like.</p>	<p>Started to dawn that we are not going to have any control over what is going on. Coming to terms with the fact of what life is going to be like.</p>	<p>Delusional expectations of motherhood until the NCT classes showed that life was going to be different, that there would be no control over what is going on and that the baby wouldn't fit into our lifestyle.</p>
<p>I think we thought that the baby would fit in with our lifestyle a bit more. I mean, not going out and doing silly things, but just we wouldn't be dictated by the baby, it would</p>	<p>We thought the baby would fit in with our lifestyle. There was a realisation that this wasn't going to happen.</p>	

<p>have to fall in with us a little bit more.</p> <p>Which, obviously, it doesn't happen [laugh]. So umm, yeah, I think it was just that realisation was starting to come through of "ok, yeah, this is going to be an interesting time".</p>		
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### Shock

<p>Which was great, because obviously it prepares you, because if we hadn't done that then we would be completely clueless and shocked.</p>	<p>NCT classes prepared her otherwise she would have completely shocked</p>	
<p>So when it did come along we felt more aware</p>	<p>When G11 did come along we felt more aware</p>	<p>NCT classes helped in raising awareness and so not as shocking that life was very different.</p>



and it didn't seem such a shock even though at three in the morning when G11's crying and you don't know why. But it was definitely good to know that. Also, speaking to other people in the class because we met up once a week	and it didn't seem such a shock even though life was very different.	
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### **Social contact with NCT mothers**

but we (NCT) were sort of full on, the whole day and it was just really good to talk to other people about, I don't know what to do and I had the day where I just cried under the duvet.  just sharing that with people was really, really important. You had your week of starting to go insane and then you meet up again and it's	It was really good spending a whole day with the NCT group, talking to other mothers about what to do.  Meeting with the NCT group was really important as it resets you.	Spending time with the NCT group was really important as it resets you. It helped talking to other mothers and people who were trusted, sharing experiences openly and feeling that it was Ok not to know what you are doing all the
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“ok, this is normal”, it resets you again so that was really, really important.		time.
I think it was definitely talking to people and having people around that you can just be completely open with really, really helped.	Talking to people and having people around me that I trusted really helped.	
it was just that chance to see how everyone else is doing and I think just sort of, that whole thing of, you’re not, you don’t have to know what you’re doing all the time. Umm, that was quite useful as well.	NCT group gave me a chance to see how other mothers were doing and feeling that I don’t have to know all the time was useful.	
I think we were all really open, with the girls, all very open or we became, we were very close and we talked quite openly with each	The NCT group were really open and they became very close	

other and umm, there was only really one baby who was sort of, the golden child.		
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### **Learning about the baby and her needs**

it was very much trial and error. It seemed to be almost like “eureka!” moments, of that’s it! We’ve cracked it! We know how to..	Very much trial and error, with ‘eureka!’ moments, of that’s it! We’ve cracked it!	
I think with things like trying to settle her it was, ok, we know that we definitely need to stand on one leg and pat her on the right hand.. that kind of stuff and think this definitely, definitely works! And then the next night; oh no it didn’t. Umm, so it was sort of slowly having those realisations, but then after a while, things did start to work and you get into more of a routine	Knowing how to settle the baby one night and then it not working the next night. Slowly having realisations and things did start to work and you get into more of a routine.	

<p>I think we had one, a couple of nights when it was all over the place and up until then it was me kind of me reading the book and finding stuff out, but [husband] was there and we were both sitting in bed and he was going “it says this bit here, and oh la-la-la” and we were both sort of just trying to, we’d got to that stage that ok, we need to try and get some sense,</p>	<p>When things weren’t going well, husband became involved too and started reading books, we needed to try and get some sense.</p>	
<p>Realised we were doing a couple of mistakes things like we always made sure that we rocked her to bed and just ok, we need to stop doing that and we need to let her cry for a little bit and those kinds of things</p> <p>actually, I was, the whole way through I’ve</p>	<p>Realised she was making a couple of mistakes, rather than rocking her to sleep she let G11 cry for a bit.</p> <p>Being the tougher one, because I was with her</p>	<p>Learning about the baby and how to look after her was very much trial and error with ‘eureka!’ moments. Slowly realising that some things worked and that a routine was starting. Books gave her confidence to try something different. Realised that being with</p>

<p>been the tougher one than [husband], I've had to sort of say, no, leave her to cry for a moment and things and he's found that a lot harder than I did. I don't know if that's because I'm with her all day, so I was having to, cos after a while I sort of realised that, things were starting to work a little bit, and things like, when I put her down for her nap.</p>	<p>all day and realising that things were starting to work.</p>	<p>the baby all day she knew more about what G11 needed. Constantly gleaning bits of information by wanting answers, talking to different people and trying things out.</p>
<p>so yes, slowly things started to fall into place. Umm, that was probably around the six week mark, I think.</p>	<p>Slowly things fall into place, around six weeks.</p>	
<p>because you're trying, you're constantly searching for the answer</p>	<p>Constantly trying, searching for the answer</p>	
<p>I think it was just more sort of you try a few things and if five of them don't work, the</p>	<p>Try a few things, if five don't work, one will do.</p>	

<p>other one does.</p> <p>just constantly glean bits of information and try it out and then sort of eventually things seem to be working</p> <p>constantly wanting answers and constantly wanting to speak to different people about what's going on.</p>	<p>Constantly glean bits of information by wanting answers, talking to different people, and trying things out.</p>	
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### **Creating order out of chaos**

<p>from then onwards I kept a diary just fairly loosely, where I plotted out, pretty much, I colour-coded it about what she was doing over a 24 hour period and just sort of think, in the end, I had a green and a blue and a red pen, which each colour meant eat, asleep, awake,</p>	<p>Kept a diary, where everything G11 did was plotted out, just looking for answers.</p>	
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<p>that sort of thing. And I was just constantly looking for answers and then after that I was sort of...</p>		
<p>I think I'd had a particularly bad night and I was sitting in the library next to the parent bit and there was a book, a Gina Ford book on sleep so I took it out of the library and then that was a kind of like revelatory moment cos um, from there I planned out what cycle I wanted her to have</p> <p>so at least then we found it really useful to have something to aim towards umm, and even though the day might start off and she might do her, the morning feed might be at the right time, but then it went completely to pot</p>	<p>Revelatory moment of reading a book and realising I could plan out the cycle I wanted her to have.</p> <p>Found it really useful to have something to aim towards.</p>	

<p>what we're aiming for is she sleeps at this time. She never did it but I think probably it took about two months of her being on this schedule till she'd actually did it for a whole day but I found that really helpful to have something to work towards. Umm, and even now, I find that quite useful to know exactly almost, not so disciplined that I wouldn't do anything if it didn't fit in with those times, but at least to actually I found that when I was at one of those stages of just not having a clue, it gave me that thing to fall back on, ok, alright, this is what I roughly want to be doing and stuff.</p>	<p>So even though G11 didn't do the routine there was something to aim for.</p>	
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	When I felt I didn't have a clue it gave me something to fall back on.	
nobody gave it to me [her schedule], so although I picked bits from here and there and stuff but it was, it really felt like it was something that I developed myself so I'm really, I felt really sort of attached to it. Umm, I think it just gave me that sense of some kind of calm, really [laugh] and some kind of order within this completely random thing that have no control over. Umm, cos I quite like, sort of planning things and be within control to a certain extent so, even though she never actually, I never got wound up by the fact that she never actually did her schedule, but knowing that I had something was just really	Nobody gave me the schedule, it was something I developed myself so I'm really attached to it. Gave me a sense of calm and some kind of order over this completely random thing that I have no control over.	Kept a diary where everything G11 did was plotted out, just looking for answers, looking for a pattern. Had a revelation that a cycle could be planned out and found it really useful to have something to aim for or fall back on even if G11 didn't do the routine. Gave me a sense of calm and some kind of order over this completely random thing I had no control over.

<p>comforting. And it just sort of gave me that thing that if I had a really bad morning, or bad day, it was like “fine, ok”, right 3 o’clock she’s asleep let’s try, you know, kept bringing me back to it. So that was really, really helpful.</p>	<p>When things went bad it kept bringing me back to it, which was helpful</p>	
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### Surprising ourselves

<p>So umm, so I actually found a couple of times, [husband] and I we actually surprised ourselves that this isn’t as bad, I don’t know if we coped quite well or if she was just a good baby but we were sort of like “actually, this isn’t too bad”.</p>	<p>Actually surprised ourselves that this isn’t too bad.</p>	
<p>I dunno, we just seemed to keep quite level-headed about it all, in a way. Umm, and I did</p>	<p>We just seemed to keep quite level-headed about it all.</p>	<p>Surprised at my ability to cope and how I was able to keep level-headed even on bad days.</p>

have days when I sort of, went back to bed and put my head under the duvet – she was crying and I was crying and stuff, but, there weren't, that was probably only about three times.		Whatever is happening, it is just a phase and that has been our mantra.
We also, I think the best bit of advice somebody said was “whatever is happening, it's just a phase” whether it's good, it's a phase and enjoy it, if it's bad it's a phase and it won't last forever and that has just been almost like our mantra in a way.	Whatever is happening, it's just a phase and that has just been our mantra.	

## Farewell as me

there was a lot of sort of anticipation and waiting. But it was Ok, it wasn't, I think because so many people were saying "oh, you know, rest" and all that kind of stuff, it was almost that sort of anticipation of the calm before the storm umm, but also, I think I was, I had enough sense to realise that actually this is, you're never going to get this time again.	Anticipation and waiting for the birth, the calm before the storm. I had enough sense to realise that you're never going to get this time again.	There was anticipation before the birth, and a realisation that you are never going to get this time again and that things would change forever. It was like a last supper, I phoned my mum and sister, it was a farewell as me. It felt like an end of a chapter.
I was booked to be induced on the Friday morning, so Thursday night I did all my, phoned my mum and sister and it was almost like my farewell sort of, as me, I made all my phonecalls and stuff and then like literally 10 o'clock, contractions started	Phoned my mum and sister before being induced, it was a farewell as me.	
It was almost a sort of my last supper kind of	Last supper, it was the last time that it's you.	

<p>thing.</p> <p>I remember when my sister had her first one, we all went out for dinner and it was the last time that it's you, you as you and we went out, we did go out for about three last suppers and it was "ok, this is it, this is the last time we're going to go out" I don't know, it's just the whole, sounds stupid but in a way just growing up really, I suppose and that whole kind of, because I've always been the youngest, younger sister I suppose it was a little bit of "ok, I'm going to be a mum tomorrow", yeah, it was, don't know. I felt I had to do it, it wasn't just a case, it was also I was going to go through this horrendous thing but yeah, it felt like a bit of a sort of ledge that</p>	<p>Just growing up and thinking I'm going to be a mum tomorrow. I felt I had to do it, I felt it was like a ledge I had to step over and life was going to be very different. Felt like an end of a chapter.</p>	
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<p>I would sort of step over this sort of thing tomorrow and it was going to be very different and it was nice, I quite liked the whole thing of um, of knowing that was going to happen, I think once, before then it was the whole sort of, I thought it was going to happen and kept thinking “ok, this is it, this is it” um, and in a way being told it was a no it was tomorrow um, it meant I could pack my bag, I had my list, I kept checking my list and all that um, so when I felt, it made me feel really prepared because that was my final thing to do, sort of to phone them up and say goodbye, from me and yeah, definitely felt like a sort of don’t know, end of a chapter kind of thing.</p>		
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## No concept of time

<p>it was weird, that whole kind of day and night, having no concept, it could be three in the morning and you're doing stuff and you're awake as if it's two in the afternoon. Um, but it was quite, I think cos we'd just accepted, I accepted that it was quite, I dunno, not reassuring – but that was the way it was and sort of, it was quite nice in a way, in a reverse kind of way. The whole, it doesn't matter, your life is in three or four hour cycles and that's just sort of the way it is.</p>	<p>It was weird, day and night, having no concept.</p> <p>I had accepted that this was the way it was, your life is in three or four hour cycles and it was quite nice.</p>	<p>Day and night had no concept and accepted that life was now in three or four hour cycles.</p>
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## Me and G11 against the world

it felt like it was sort of G11 and me, we're our little unit umm, yeah, I think it must have	It was G11 and me, we're our little unit. My husband's experience was different and then I	It was G11 and me, we're our own little unit and I realised that my husband's experience
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<p>been, obviously [husband]'s experience will be quite different, because it must be quite strange having to go to work and I used to get a bit annoyed with him when he'd say "oh, um" when he didn't know what she needed and things, and it took me a while to realise that actually, I'm with her 24 hours a day, he's not and things change quite quickly as well, umm.</p>	<p>realised that I'm with her 24 hours a day and things change quite quickly.</p>	<p>was different because I am with her 24 hours a day and things change quite quickly. Feeling really proud in the early days. Me and G11 against the world</p>
<p>I think because I was just so desperate to start doing things once we came out of the hospital just felt really proud cos sort of everyone, she was so little, you get so many little old ladies sort of saying "oh what's his name?" sort of thing, she's in a pink babygrow [laugh] although I look back now and it's like, yeah,</p>	<p>Felt really proud, G11 was so little and lots of strangers came up and talked which was really lovely and very magical. It was me and G11 against the world.</p>	



<p>she looked like a boy. But, um, just that whole thing of lots of random strangers coming up and speaking to you and going “how old?” and me going “she’s ten days”, and “can’t believe you’re out” and all that kind of stuff and that was lovely, that was really, yeah, it was very magical, me and G11 against the world sort of thing</p>		
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### **Not feeling like a mother**

<p>In a way I don’t feel like I am a mother. Because I think being a mother is what other people are and, I don’t know, almost, obviously I love G11 to bits and sort of have days when I look at her and think “you’re just</p>	<p>I don’t feel like a mother. Being a mother is what other people are. I look at G11 and think you are amazing but I don’t feel like a mother. You have connotations of what a mother is and I don’t feel that.</p>	<p>I don’t feel like a mother, being a mother is what other people are. Mothers are more established, in control and authoritative. I can’t really associate with that label. I am focusing on what’s happening now rather than</p>
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amazing!” but I still don’t really feel like, I don’t know, a mother is, you have connotations on what a mother is and I don’t feel like that.		reflecting on it. I just get on with life and do things. At the moment I still feel like me and we’ve got this amazing little person.
I just sort of think, mother’s just seem more established as sort of being in control and being authoritative with children and things, I don’t know it just	Mother’s seem more established and being in control and being authoritative.	
but I can’t really associate with that name, that label.	I can’t really associate with that name, that label	
that just took me a while to I think, grow into that name. Umm. Yeah, it was almost like a label that I couldn’t really associate with um, but having G11 to bring up and grow and develop is amazing. I dunno, I don’t, I just sort of in a way focus on what’s happening	Just took me a while to grow into that name.  Having G11 to bring up and grow and develop is amazing. Focusing on what’s happening now rather than reflecting on it. When I think about being pregnant and the birth and other events, the concept of being a mother seems a	

<p>now rather than reflecting on it. When I sort of think back and reflect on events, so birth and all that um, and just being pregnant and stuff, but I don't really think about ok, being a mother and that whole big concept of it. It just, I don't know, it seems a bit big and alien to me.</p> <p>just get on with life and do stuff and things.</p>	<p>bit big and alien to me. I just get on with life and do things.</p>	
<p>I don't feel attached to that phrase yet. Um, dunno, maybe that's just more when you start to, when she starts to have friends and people sort of say oh G11's mum and things like that. But at the moment, I just feel like me still, and you know, we've got this amazing little person.</p>	<p>Not attached to the phrase mother, maybe when G11 has friends and they say G11's mum.</p> <p>At the moment I still feel like me and we've got this amazing little person.</p>	

### Gradually changing

<p>I feel like it's been quite gradual, it's not been, I feel much more, I guess, confident in the whole thing, I feel confident as a mum and feel like we're doing a good job with her and stuff, um, dunno, maybe it's the whole thing of going back to work, see I went back to work at the beginning of November um, and that's slotting back into my old lifestyle, although there's subtle differences in the sense of you know, I will leave at a certain time and not even think about it and um, dunno. It's a weird one, the whole thing of, I think the thing that makes me realise that, I dunno, I'm just not one of these people who thinks "oh, being</p>	<p>It's been quite gradual, I feel more confident in the whole thing and as a mum and that we're doing a good job.</p> <p>Going back to work has meant slotting back into my old lifestyle, although there's subtle</p>	<p>It's been quite gradual, I feel more confident as a mum and that we are doing a good job, I instinctively know what the right thing to do is. I don't relate to 'being a mum is amazing', I've just slotted back into my old lifestyle.</p>
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a mum is amazing” because I just don’t, dunno, I don’t relate to that really.	differences, but I realise I don’t relate to ‘being a mum is amazing’	
just confident in the sense that and knowing that this is the right thing to do for her. I think apart from the whole confusion of first of all when you haven’t got a clue that I suppose, I think, the thing that maybe slightly different is that almost like instinctively you know now, you know what the right thing to do is.	Confident in the sense of knowing that this is the right thing to do for her. Apart from the initial confusion, instinctively know what the right thing to do is.	

### **New purpose in life**

whereas now we have a bit of a purpose whereas I think before probably, probably before I was thinking more about the things that you would do as a family and yeah, more the sort of practicality side of things but, the	Now we have a bit of purpose, since G11 was born my purpose in life is now to look after this small person that has been a fundamental change.	Now we have a purpose in life, to look after this small person. That has been a fundamental change.
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<p>thing that's different is that you do sort of, I think pretty much from when she was born it was sort of that, ok, my purpose in life is now to, you know, look after this small person and so I think that's the most fundamental change because before that, you know, your purpose in life is about having fun and being happy with your husband and being nice to your family and friends and doing a good job at work and it's completely different</p>		
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### **Miracle of breastfeeding**

<p>Yeah, and I think probably when she reached about four months or so, was actually quite a nice phase you sort of think ok, I understand, I know what she needs and that was a, that was</p>	<p>At 4 months I felt I understand I know what she needs and that was really nice. I've kept this little person alive for 6 months.</p>	<p>Knowing what G11 needs and keeping this little person alive for 6 months. It was important to stop feeding G11 on my terms. It was about finding some control over things</p>
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really nice when you sort of suddenly think I know exactly what this little person needs and breast feeding was amazing and think that I've kept this little person alive for six months um, that was,		that were uncontrollable.
I think because of her birth and all that was completely out of my control and she was taken away and all that and so, I really wanted to stop breast feeding when it was right, when I thought it was the right time and I was really, really pleased that I was able to do that. it was really, really important for me to stop feeding her on my terms rather than just that's it, can't feed her anymore.	Feeling out of control during the birth and afterwards I wanted to stop breast feeding when it was right. It was really important for me to stop feeding G11 on my terms.	

## 8.8. Analysis of Themes – Step 3

### Interview: M2 (Child: G11)

<b>Path to pregnancy</b>	Getting pregnant can take some time so it can be a shock when it happens but also be more significant.	1
<b>Expectations of motherhood before the birth</b>	NCT classes dispelled the delusions of control and showed the reality of having a new baby which meant that life would be very different.	2
<b>Shock</b>	Life with a new baby would have been a shock but NCT classes prepare you.	3
<b>Support of other mothers</b>	The support of other mothers is really important. Being able to share experiences openly resets you and enables you to keep going, despite feelings of not knowing.	4
<b>Learning about the baby and her needs</b>	Learning about the baby was very much trial and error with 'eureka!' moments. Slowly realising that being with the baby all day and constantly searching for answers from others and books helped gain an understanding.	5
<b>Creating order out of chaos</b>	Feeling out of control led to trying to create some order. Developing a routine meant there was something to aim for or fall back on even if it didn't always work; it gave a	6



	sense of calm.	
<b>Surprising ourselves</b>	Being able to cope and keep level-headed was surprising.	7
<b>Farewell as me</b>	The birth meant that things would change forever. It was an end of a chapter, a farewell as me.	8
<b>No concept of time</b>	Day and night had no concept, life was now in three or four hour cycles.	9
<b>Me and G11 against the world</b>	Experiencing so much together meant we became a little unit.	10
<b>Not feeling like a mother</b>	Feeling mothers are more established and in control means it is difficult to associate with that label. The focus is on what is happening now and doing things rather than reflecting.	11
<b>Gradually changing</b>	Gradually becoming more confident as a mother and being able to trust my instincts.	12
<b>New purpose in life</b>	The baby has changed everything and given a new purpose in life.	13
<b>Miracle of breastfeeding</b>	Amazed at how breastfeeding had kept my baby alive and how important it was when everything had felt so out of control to have control over when to stop feeding.	14